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ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); provides a user's guide to the series; and presents specific information for presenting Module 2, which focuses on speech and language development. After the introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of the normal developmental processes of communication and language development, including speech mechanisms and the ear, ways to foster receptive and expressive language, and how to recognize problems in language development. For each hour of the 3-hour session, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. Also attached is an overview of normal child development from birth to 36 months in the areas of personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. (DB)

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MITCH Module 2

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Speech and Language Development: What You Can Do to Help

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MITCH Module 2

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MITCH Module 2

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Speech and Language Development: What You Can Do to Help

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Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The Users Guide to Series begins on page 5. Information relating to this module begins on page 11.

PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers, and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated $100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroe, and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays, or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

MITCH MODULES

Eleven MITCH training modules have been developed.

(1) *Intellectual Development: What You Can Do to Help*

(2) *Speech and Language Development: What You Can Do to Help*

(3) *The Child Who Seems Different: Meeting Special Needs*

(4) *Family Functioning: The Impact of a Child with Special Needs*

(5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*

(6) *The Caregiving Environment: Planning an Effective Program*

(7) *Behavior Management: Preventing and Dealing with Problem Behavior*

(8) *Health Care: Infection Control, Medication Administration, and Seizure Management*

(9) *Motor Development: What You Need to Know*

(10) *Nutrition and Feeding Practices: What You Need to Know*

(11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

User's Guide to Series

INSTRUCTOR

Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing, and Home Economics.

Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list)

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

THE SESSION

Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible originals of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 7, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session, or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

MITCH Theme Music

Included on the reverse side of the two audiotapes, one each in Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six Week Follow-Up Activity.

Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

Specific Information for Presenting Module 2

GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of the normal developmental process of communication in young children: birth to six months.

Objective - Participants will gain an understanding of:

- the definition of communication
- the speech mechanisms
- the ear
- Stage I (birth to six months) of language development.

Goal for Hour 2: Participants will gain basic knowledge of language development in young children: 6 to 24 months.

Objective - Participants will gain an understanding of:

- how to foster receptive and expressive language in infants
- Stage II (7 to 12 months) of language development
- Stage III (13 to 18 months) of language development
- Stage IV (19 to 24 months) of language development.

Goal for Hour 3: Participants will gain knowledge of the normal developmental process of communication in young children: 24 to 36 months.

Objective - Participants will gain an understanding of:

- what to expect from a child who is learning to use words
- how to know when a toddler's language development may be in trouble.

OTHER RECOMMENDED INSTRUCTORS

Because of the nature of the content of this specific three-hour module, the training agency presenting this module may wish to contact other specialized persons within its local area who are willing to perform this duty, such as:

- speech and language pathologists
- teachers of hearing impaired.

CONTACT LIST

Persons to contact if the instructor has questions regarding this module include:

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EQUIPMENT, MATERIALS, AND SUPPLIES

Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector
- projection screen or alternative
- audiocassette recorder.

Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2-prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

Videotape

The videotape, Listening and Talking, was selected to complement this module. Use of this videotape is optional for this module. The videotape is 25 minutes in length and presents how language develops as a medium for communication and thinking.

This film is one in a series of 10 videos designed for parents and childcare providers produced by the North Carolina Center for Public Television and The Frank Porter Graham Child Development Center. The films were written by Thelma Harms and Debby Cryer.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased from DC/TATS MEDIA, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, CB 8040, 300 NCNB Plaza, Chapel Hill, NC 27599-8040; phone (919/962-7358).

Only through Delmar Publishers, Inc., 2 Computer Drive West, Box 15015, Albany, NY 12212-5015, telephone 1(800) 347-7707.

Materials Not Contained in This Manual

In order to present this specific three-hour module, no additional materials are needed.

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Module 2
SPEECH AND LANGUAGE DEVELOPMENT:
What You Can Do to Help

Hour 1

Goal: **PARTICIPANTS WILL GAIN KNOWLEDGE OF THE NORMAL DEVELOPMENTAL PROCESS OF COMMUNICATION IN YOUNG CHILDREN: BIRTH TO SIX MONTHS.**

Objectives - ***Participants will gain an understanding of:***

- the definition of communication
- the speech mechanisms
- the ear
- Stage I (birth to 6 months) of language development.

5 minutes

GREETING, SIGN IN, DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: Welcome to session one of a three-hour module on speech and language development. During these sessions, our goal is to teach you about normal communication from birth to thirty-six months. At the conclusion of these sessions, you should know more about how children learn to communicate or talk. A good way for us to begin is to introduce ourselves.

15 minutes

ACTIVITY: Introduction

Instructor should assign numbers (1-2-3-4) to the participants. Ones and threes will be paired and twos and fours will be paired.

Say: Now introduce yourself to your partner. Tell your name, where you were born, and something about yourself. You will have two minutes for this exercise. After you finish, I will ask you to share what you learned about your partner with the group. Please begin.

Instructor may need to encourage the participants to interact. Instructor should walk around and be available to assist. Have each person introduce partner.

Say: You have just been a part of a communication transaction. There was a speaker, listener, message, and channel. We had a lot of speakers, a lot of listeners, a lot of different messages (or a lot of language), and we had sound (or your voices) traveling through the air striking the listener's ear (the channel). Did you feel that your partner shared your information correctly? If so, you had an effective communication transaction!

20 minutes

LECTURE/DISCUSSION: Communication, Speech Mechanism, and the Ear

Say: During this first hour, we are going to talk about just how this communication transaction took place by discussing the definition of communication, the speech mechanism that produces voice, the ear, and the receptive and expressive language skills of the infant from birth to six months of age. We will also point out or "red flag" different problems sometimes seen at this age of development. We will be using some words that may be new to you. We have listed these on our first handout.

Handout/ Overhead 2-1-1

Instructor refers to **Handout/Overhead 2-1-1**. Continue to refer to this handout as the terms are used throughout presentation of the module.

Handout/ Overhead 2-1-2

Ask: What does the word communication mean to you?

Instructor should write the responses on the flipchart or chalkboard. Instructor refers to **Handout/Overhead 2-1-2**.

Say: Webster's dictionary defines the word communication as:

"... a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors."

Webster's (1980).

Say: We use symbols, signs, and behaviors to communicate. They can be expressed verbally, by using speech, and/or non-verbally, by using body language, facial expressions, and gestures. Usually, we use these together. When we use our speech mechanism to produce meaningful sound symbols, we are talking, or communicating verbally with others.

Handout/ Overhead 2-1-3

Instructor may encourage participants to take notes on **Handout/Overhead 2-1-3** during the following discussion.

Say: Most children are born with the physical ability and speech mechanism needed to learn to talk. In

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order to produce sound, we need a power source, a vibrating source, resonating sources, and the articulators. The parts the body uses to make sound are:

- the lungs which are the power source
- the vocal chords (voice box) which are the vibrating source
- the mouth and nose which are the resonators
- the tongue, lips, and teeth which are the articulators.

Handout/ Overhead 2-1-4

Instructor refers to **Handout/Overhead 2-1-4**

Say (and point): These are the lungs. We use them to breathe air. Air is the power source. Air from the lungs goes up through the vocal chords which are here (point). Pushing air out of the lungs makes the vocal chords vibrate. The result is noise or sound. This is very much like what happens to a guitar string when it is strummed. This noise is then resonated (or given its individual quality) by the sound bouncing around in the mouth (the oral cavity) and nose (the nasal cavity); or, to go back to our guitar, resonating inside the cavity of the instrument.

Say: By moving our tongue and lips, we can change the shape of our mouth, thereby, changing the sound produced. For example, the tongue behind the teeth can make the *s, z, n, t, d,* or so on. The lips together can make the *m, b,* or *p* sounds. When we create the *n, m,* and *ing* sounds, we resonate or make them in our nose.

Say: Remember, we said that once we produce sound, it travels through the air and is heard by the listener in the form of speech. To help you understand this speech transaction process let's talk about how we hear speech by discussing the parts of the ear.

Ask: How many parts do you think the ear has?

Handout/ Overhead 2-1-5

Instructor listens to responses and then refers to **Handout/Overhead 2-1-5**, pointing out parts of the ear as they are discussed.

Say: There are three parts of the ear.

Outer Ear

The outer ear helps to collect the sound that we hear. This part includes the outer ear that we can see, the ear canal, and the eardrum. The ear canal directs sound to the eardrum. When the sound hits the eardrum, the eardrum moves, or vibrates.

Handout/ Overhead 2-1-6

Instructor refers to **Handout/Overhead 2-1-6** and points out a red flag danger.

Say: Sometimes, the ear canal can get blocked with wax and children will have a great deal of trouble hearing. Excessive ear wax should be removed by a physician. Never try to remove this yourself with a cotton swab. Cotton swabs are for cleaning the external part of the outer ear only. A cotton swab that is put into the ear canal can puncture the eardrum by mistake.

Handout/ Overhead 2-1-7

Instructor refers to **Handout/Overhead 2-1-7**.

Middle Ear

Say: The middle ear is an open space, or cavity, with three tiny bones called "ossicles" in it. These are the smallest bones in the body.

Instructor points out and names bones.

Say: Sound, hitting the eardrum, causes the three tiny bones to vibrate within the cavity. This intensifies the vibration, or makes it much stronger, and moves the sound along to the inner ear.

Say: Sometimes, when you have a cold, this middle ear space fills with fluid.

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Handout/ Overhead 2-1-8

Instructor refers to **Handout/Overhead 2-1-8.**

Say: If the fluid becomes infected this can be painful and make it hard to hear. Babies can also get ear infections when they drink from their bottles while lying flat on their backs. This happens frequently. The heads of infants should always be elevated when they drink from a bottle. This will lower the chance of ear infections occurring.

Handout/ Overhead 2-1-5

Instructor refers back to **Handout/Overhead 2-1-5**

Inner Ear

Say: The inner ear is shaped like a snail. It is named the cochlea. This cochlea is filled with fluid and lined with millions of very tiny hairs called cilia. When sound vibrates, the three tiny bones of the middle ear push against the cochlea and cause the fluid inside to move. The moving fluid, in turn, causes the hairs to move triggering the nerve of hearing. The nerve of hearing then sends a signal to the brain which is interpreted as sound.

Handout/ Overhead 2-1-9

Instructor refers to **Handout/Overhead 2-1-9.**

When everything is normal, we are able to listen to and interpret the sounds of speech and to produce them meaningfully. Through this process, we develop receptive language and expressive language.

15 minutes

LECTURE/DISCUSSION: Stage I (birth to 6 months) of Language Development

Say: Let's discuss the month by month receptive language skills of the infant from birth to six months of age. It is important to remember that receptive and expressive language skills develop at the same time even though people often look for expressive skills first since they are the

easiest to observe. Because we are so anxious to hear the child's first sounds or words, we sometimes forget that what the child hears, sees, feels, and eventually understands, is critically important to the development of language.

Receptive language refers to what the child understands or comprehends. What the child hears, sees, or feels is called the input. You may want to refer to Handout 2-1-10 and take notes as we go along.

Handout/ Overhead 2-1-10

Instructor refers to Handout/Overhead 2-1-10.

Say: The handout lists some expected behaviors to look for. I will add some others. As we go through the stages of language development, please note that the ages we are talking about are only approximations. The important point is that the milestones we are talking about normally occur on a continuum. A child does not normally achieve a higher level skill until lower level skills are achieved. The actual age at which a child achieves a specific skill can vary widely.

Say: When an infant is one month old, the infant usually is able to respond to noise and voices by smiling and/or crying. The infant should also quiet when an adult approaches, and the infant's activity should diminish, or stop, when the child hears a loud sound.

At the two month level, the child most often is able to pay attention to a human voice and presence. The child should also sometimes be soothed by a pleasant adult voice.

At the three month level, the child normally begins to look at a speaker's face. Also, the child should anticipate familiar routines, such as feeding, by noises and visual stimuli, such as the bottle.

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At the four month level, the child usually turns the head deliberately to loud sounds and should search for the source of sound.

At the five to six month level, the child generally responds appropriately to a friendly voice by cooing and smiling. The child usually responds to an angry voice by crying.

Ask: Are there any questions?

Say: Let's discuss the expressive language skills of the infant from birth to six months of age. Expressive language refers to language output, or what is said or expressed.

Ask: What types of sound do infants make in the first few months of life?

Instructor waits for responses, and writes them on the flipchart or chalkboard without discussing them in any detail. Expected answers include:

- cries
- coos
- grunts
- squeals.

Handout/ Overhead 2-1-11

Instructor refers to **Handout/Overhead 2-1-11**.

Say: There are two kinds of sound produced by the infant during the first few months of life. The first type is called vegetative. Vegetative sounds are made accidentally, and are often associated with body movements. Examples are:

- grunts
- sucks
- burps
- slurps
- sighs
- yawns.

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Another category of sound is called non-vegetative. These include:

- hunger and discomfort cries
- coos
- raspberries
- squeals
- goos
- gurgles
- laughs.

Both categories of sound are used to fulfill needs because the sounds alert the caregiver to the baby's mood.

Ask: Cries have many meanings. What do you think a cry can mean?

Instructor directs responses to include:

- hunger
- wet diaper
- illness
- discomfort (too hot, too cold)
- fear.

Say: Infants soon learn that when they cry, they have caused their mom or caregiver to appear and take care of their needs. Once this realization has occurred, the infant begins to produce differences in the cry. There is a different cry for hunger, pain, and being wet. These different cries occur during the first two to three months of life.

Handout/ Overhead 2-1-12

Ask: Can anyone discriminate cries in the infants with whom they work?

Instructor refers to **Handout/Overhead 2-1-12.**

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Say: At about this same time, the child begins to use vowels, such as *ah, a, o,* and *u* in a form we call "cooing." Cooing takes place for several reasons.

First, when cooing infants use vowel sounds, as vibrations go through their bodies. These vibrations are a form of self-stimulation where the child is entertained by the feeling or physical sensation of the sounds.

Second, the child can hear the sounds they are making. Babies find these sounds pleasing and comforting. This is called "auditory feedback." Deaf and/or hearing impaired children will use cooing sounds until about four months of age. Around this time, the excitement of the vibrations begins to wear off and the child looses interest in producing sound. This loss of interest is due simply to the loss of auditory feedback. In other words, the children do not hear their own (or other) sounds. Therefore, they just stop cooing.

The third reason for cooing and sound production is one of social acceptance. When children coo Mommy, Daddy, and everyone else become very excited. This excitement usually results in smiles, imitation, hand-clapping, and, in general, activities which tell the children that the cooing or sound production is pleasing to those around them.

Say: Now, let's go through the month by month expressive language skills of the infant from birth to six months of age. Remember, expressive language refers to the speech/language sounds that the child makes, or the child's output. You may want to refer to Handout 2-1-13 and take notes as we go along.

Handout/ Overhead 2-1-13

Instructor refers to **Handout/Overhead 2-1-13.**

Instructor will want to take as much time for discussion as necessary for the following. Encourage participants to respond with examples.

Say: When an infant is one month old, the infant usually is able to randomly vocalize with no preferred patterns or rhythms. The child should also cry with sound.

At the two month level, the infant usually begins to develop a differentiated cry for hunger and pain.

At the three month level, the infant normally begins to vocalize back when spoken to, make noises to people, chuckle, coo, and gurgle.

At the four month level, the child should give vocal expression to feelings of pleasure. The noises contain vowel and consonant sounds.

At the five to six month level, the infant babbles a series of syllable repetitions without hearing someone else say them, increases vocal production when in contact with people, and usually changes output when the environment changes.

Ask: Are there any questions?

Instructor answers questions or leads discussion and then continues. If time allows, instructor may conduct a brief summary discussion of the receptive and expressive language skills of the infant from birth to six months.

Say: During this first hour, we have discussed the definition of communication. We have also discussed how and why children make and process sound by briefly discussing the anatomy of the speech and hearing mechanism. We have discussed the receptive and expressive language skills of the infant from birth to six months, which is Stage I of language development. We have discussed many important facts that you should find useful in your everyday work and we have put red flags on some particular behaviors that

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can indicate possible trouble. I hope, that during this first hour, you have developed a greater appreciation and understanding of the sequence of language development in the infant.

5 minutes
(omit if 3-hour presentation)

END OF HOUR 1: Closing

Module 2

SPEECH AND LANGUAGE DEVELOPMENT:
What You Can Do to Help

Hour 2

Goal: **PARTICIPANTS WILL GAIN BASIC KNOWLEDGE OF LANGUAGE DEVELOPMENT IN YOUNG CHILDREN: 6 TO 24 MONTHS.**

Objectives - ***Participants will gain an understanding of:***

- how to foster receptive and expressive language in infants
- Stage II (7 to 12 months) of language development
- Stage III (13 to 18 months) of language development
- Stage IV (19 to 24 months) of language development.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, DISTRIBUTION OF HANDOUTS

SESSION BEGINS

5 minutes

LECTURE/DISCUSSION: How to Foster Receptive and Expressive Language

Say: When a child understands, or comprehends spoken language, we call it receptive language. Remember, an infant's receptive language is the input from what happens in the environment or what others say or do. An infant's expressive language is the child's output or, what the child does to express, or make known wants and needs.

Handout/ Overhead 2-2-1

Instructor refers to **Handout/Overhead 2-2-1**.

Say: If you think about that for a moment, you will see that language is very closely connected to learning, and learning is very dependent upon language.

During our last hour, we talked about Stage I of language development. We said that during Stage I, cooing takes place. The child is extremely self-centered. Everything revolves around the child. Children feel that they cause everything and that everything should be done for them. The next step exemplifies this fact well. If a child is cooing and the mother walks into the room, a loud noise occurs, or something changes in the child's immediate environment, the cooing will immediately stop, and the child will cue in on the new situation.

If parents begin to imitate the cooing sounds, again, infants will generally stop, look at their parents, and either smile or repeat the sound. Children begin to realize that they "caused" their parents to react; just as they realized earlier that by crying, someone would appear to meet their needs.

At this point, speech development becomes a game. The child makes a sound. The parent, or other caregiver, imitates the sound. The sequence is repeated: child/parent, child/parent, and so on. During this stage of the game the children are in control. They make the rules and do not play unless things go their way. If the child says "ah" and the mommy repeats the "ah," the child is happy. But, if mommy comes back with a different sound, the child may become confused and stop playing the game.

In the beginning, infants use only one vowel at a time. Later they begin to use several vowels at one time, for example, instead of "ah," they hear "ah-o." Only at that point, can the parent or caregiver introduce a new sound when imitating the child, in order to try to get the child to imitate them. For example, if the child says "ah-o," the parent or caregiver can imitate what the child has said and then immediately say a different combination, "ah-u." When you are playing this game, it is important to make a sound which you know the baby has made before. At this stage of the game, you are trying to get the child to come over to your rules of the game and begin imitating you.

Once children begin to imitate vowel sounds, they then begin to make consonant sounds. Children are actually trying to play with and imitate speech that they have heard their parents, or other caregivers, use. These speech sounds are new and pleasing to the child for the same reasons we have mentioned earlier: vibration, auditory feedback, and social acceptance. During this period, parents, or caregivers, should still be repeating everything children produce, even if the infants are in another room. Children will still enjoy the feedback.

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10 minutes

LECTURE/DISCUSSION: Stage II (7 to 12 months) of Language Development

Say: Stage II of speech and language development begins around six months of age. This is a special time for babies because they begin to play with sounds and to have fun with their voices. Examples of the sounds the infant will make at this stage are:

- "ba ba ba ba ba"
- "ada ada ada ada"
- "da goo ba dee - squeal - uh-oh"
- "ma ma mmmma ba da."

This is called babbling. Babbling includes many sounds produced in high, low, long, short, loud, and soft voices. It involves using both consonant and vowel sounds.

During this time, the child begins to repeat sounds over and over again. Usually, there is a pattern to this repetition. For example, the child might say, "ma-ma" five or six times. Therefore, when you begin to hear the "ma-ma," what would you do?

Instructor waits for responses.

Say: Yes, you know there will be four or five more to come, and you just chime right in with the child. The best way to communicate with the babbling baby is by imitating the baby.

The next step is to repeat when the child stops. For example, say "ma-ma," while pointing to mama, and wait for the child to repeat after you. When the child repeats, you give a great deal of social praise and repeat "ma-ma" again. When this occurs, the child is playing the game by your rules rather than the child's.

Say: Now, let's discuss the receptive language skills that the child from seven to twelve months should develop.

Handout/ Overhead 2-2-2

Instructor will want to allow as much time for discussion as necessary for the following. Ask participants for examples and encourage their verbal participation. Refer to **Handout/Overhead 2-2-2**.

Say: At the seven to eight month level, the infant usually is able to look in the direction of the speaker when the child's name is called; raise arms when someone reaches toward the child; look at familiar people, such as mother, father, or caregiver, when that person is named; and respond to noises and voices by making gross motor movements.

At the nine to ten month level, infants generally are able to momentarily stop an activity when hearing "no-no" or their name, then resume the activity; discriminate between familiar voices, such as mother, father, or caregiver; begin to attend to a few familiar words, such as the child's own name, "daddy," "bye-bye;" and respond to "bye-bye" by smiling or crying.

At the eleven to twelve month level, the child most often is able to listen to words; demonstrate an interest in environmental noises; give a toy upon request when accompanied by a gesture; and follow simple spoken commands with gestures, such as "sit down," "stand up," and "come here."

Say: Now, let's discuss the expressive language skills a child from seven to twelve months usually develops.

Handout/ Overhead 2-2-3

Instructor refers to **Handout/Overhead 2-2-3**.

Say: At the seven to eight month level, the child normally laughs aloud; responds appropriately to a friendly or angry voice; and vocalizes

displeasure other than crying, such as screaming and whining.

At the nine to ten month level, the child usually begins to imitate speechlike sounds; imitate simple motor acts, such as clapping; babble to people; use a two-syllable babble; shake head for "no;" babble phrases of four syllables or more; imitate the number of syllables after someone; produce sounds which sound like words; and increase verbal output with direct verbal stimulation.

At the eleven to twelve month level, the child generally is able to say the first true word, used appropriately and with meaning on a consistent basis; begin to imitate non-speechlike sounds, such as tongue clicking; use different melody patterns; babble monologues when alone; repeat sounds or actions if laughed at previously; demonstrate a peak usage of sound repetitions; try to sing; vocalize in a repetitive fashion; and play with and imitate own sound.

10 minutes **LECTURE/DISCUSSION: Stage III (13 to 18 months) of Language Development**

Say: Stage III begins when a child is about thirteen months of age and ends at about the eighteen month level. This is the time when toddlers say their first true words. While toddlers continue to practice sounds, they begin to make words with some of the sounds. This is an exciting time for them. Toddlers can now name things and get what they want with words.

Sometimes the toddler's words are only understood by their caregivers. The child may not say the whole word or use the right sounds but at this point the word has meaning. In

Handout/ Overhead 2-2-4

fact, one word may represent an entire concept and may have many meanings.

Instructor refers to Handout/Overhead 2-2-4.

Say: Child says, "Baa."

Possible meanings are:

- "That's a ball."
- "I want the ball."
- "Where did that ball come from?"
- "That's Johnny's ball."
- "Johnny, play ball with me."

Ask: What other meanings can you think of?

Instructor listens to participants' responses.

Say: When a child can use words meaningfully, we know the toddler has started to talk. The words may not be pronounced correctly, but they are now words with meaning for the child and not just sounds. These words may come and go for a while, but, toddlers will continue to add new words to their vocabularies.

Say: Now, let's discuss receptive language development in detail from the thirteen month level through the eighteen month level.

Handout/ Overhead 2-2-5

Instructor refers to Handout/Overhead 2-2-5.

Receptively, at the thirteen to fourteen month level, the child is usually able to understand the child's own name; the names of toys, family members, and clothing; and respond to simple noun words.

At the fifteen to sixteen month level, the child is usually able to receptively discriminate among familiar noises, such as the telephone, doorbell, and vacuum; find a baby in a picture when asked; and recognize hair, mouth, nose, and hands when they are named.

At the seventeen to eighteen month level, the child is usually able to respond to simple commands spoken without accompanying gestures, such as "put the ball on the chair," "get mom your shoes;" identify two objects in a box; enjoy picture books; and listen to rhymes or songs for several minutes.

Say: Now, let's discuss the expressive language skills of the thirteen through eighteen month old child in detail.

Handout/ Overhead 2-2-6

Instructor refers to Handout/Overhead 2-2-6.

At the thirteen to fourteen month level, the child normally demonstrates a speaking vocabulary of at least three words in addition to "mama" and "dada" and begins to engage in a vocal/verbal exchange.

At the fifteen to sixteen month level, the child is generally able to use four to seven words appropriately; use expressive jargon, which is composed of strings of sounds having a melody and that sound like sentences; leave off the beginning and ending of words or change consonants; indicate wants by pointing and vocalizing; and name a few familiar objects.

At the seventeen to eighteen month level, the child is most often able to use ten to twenty words appropriately and speak in a telegraphic manner. This means that the child uses one or two words to mean whole concepts. For example, "eat" may mean, "I want to eat!" The child should also be able to imitate simple motor acts consistently and combine words relative to needs, such as "eat cookie," and "drink juice."

10 minutes

LECTURE/DISCUSSION: Stage IV (19 to 24 months) of Language Development

Say: Stage IV of speech and language development begins at about eighteen or nineteen months and ends at about two years. This is a time when the toddler practices all the known words and continues to learn many new words. The child practices talking all day long, everywhere.

Ask: If you were to follow the child around listening to the chatter, what would you expect to hear?

Handout/ Overhead 2-2-7

Instructor refers to **Handout/Overhead 2-2-7**, which lists categories with space for participants to fill in examples generated during the discussion of each category. Instructor should use flipchart or chalkboard to write examples if necessary.

Say: Let's talk about the categories of what you might hear a toddler say at this stage.

First, there is sing-song word play, such as:

- upi-upi-upiooo-aw-ghee(doggy)
- go-go-bye-bye
- oo-oo-eeee-aaa-la-la-aw-ghee(doggy)
- up-no-no-no-no.

Ask for other examples of sing-song word play toddlers may use.

Second, there are make-believe or nonsense words that substitute for real words that the toddler does not use yet. For example, any object is "noo-ny" or strangers are "badies." Sometimes these nonsense words develop into pet names which last until the child grows up.

Handout/ Overhead 2-2-8

Ask for other examples. Instructor may refer to and use **Handout/Overhead 2-2-8** to stimulate responses.

Say: Imitation and repetition belong to the same category. Toddlers will repeat new words again and again. They enjoy the familiar sound.

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Ask for examples of imitation and repetition participants hear in children with whom they work.

Say: Remember that words still come and go. The toddler may say a word over and over for several days and then not use it again for many weeks.

Say: Overextension is another category. The toddler may use one familiar word to name everything else that looks similar, such as:

- "Dog" can mean cow, lamb, lion, horse.
- "Car" can mean truck, train, bus, bike.

Ask for other examples of overextension toddlers may use.

Say: Toddlers still use telegraphic speech. Remember that this means that the toddler uses one or two words instead of a whole sentence. For example, the child may say "go?" (pause) "Mommy?" This could mean, "Is Mommy going to the store in the car?"

Ask for other examples.

Say: Another category is requests. The toddler asks for things:

- "More"
- "Eat"
- "Me go"
- "Want do"
- "See"
- "Get ball."

Ask for other examples of how toddlers use requests.

Say: Toddlers start naming things in their world including what they see, hear, feel, and smell because these things are all related to them and have special meaning to them. Some examples of naming are:

- bodily needs (diaper, powder, comb, bottle, cup)
- foods
- clothing
- feelings (especially hurts)
- toys
- familiar people.

Ask for other examples of naming, participants have heard toddlers use.

Say: Don't be fooled into thinking that toddlers always understand every word they imitate. Toddlers will often use words they do not understand or that have no meaning to them.

Say: Toddlers talk about possession. For example, they use words and phrases like "mine," "me," "my ball," and "my house."

Ask for other examples.

Say: The toddlers' speech will not always be completely intelligible. Toddlers might:

- substitute one sound for another, such as, "dat" for "that," or "gogee" for "doggy"
- omit part of a word, such as, "bu" for "book," "ba" for "ball," or "cooie" for "cookie."

Say: Toddlers will also begin to ask questions such as "What dat?" They may attempt to imitate your answers. Usually, they will understand much more than they repeat. Their understanding allows them to try to answer your questions. Their first responses will probably be "no" or "yes." However, remember that they may use these words incorrectly. Toddlers often say no when they mean yes. A good way to help them through this mistake is to offer a choice.

Ask: What types of choices might you give a two year old?

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Instructor should summarize participants' examples. Some examples might be choosing between one shirt or another, or one game or another.

Say: Some things toddlers do and do not understand are certain features of time concepts. They do not understand future and past, such as "We see Mickey Mouse next week, not today."

Ask: What do you think they do understand about time concepts?

Instructor should summarize participants' examples to include dealing with time concepts in the here and now, such as "Time for juice now," and "No Mickey Mouse, not today."

Say: Sharing is another concept toddlers have difficulty with. They do not understand the idea of waiting their turn to play with the ball.

Ask: What do you think they do understand about sharing?

Instructor should summarize participants' responses to include that toddlers understand statements like, "Mary plays with the ball now," as opposed to "Time to share with Mary."

Say: Toddlers also have difficulty with the concept of cause and effect.

Ask: What do you think they do understand about cause and effect?

Instructor should summarize participants' responses, emphasizing that toddlers do not understand consequences such as, "Sit down here so you can see the book." They will understand short, specific commands, such as "Sit down in the chair. Chairs are for sitting," or "Sit for the story."

Say: Toddlers begin to follow routine directions. Examples are:

- "Go get your bunny book."
- "Where are your shoes?"
- "Give the cup to me."
- "Sit down."
- "Drink your juice."

- "Put it down."

Say: The attention span of toddlers is very short. Even though they may be interested, they can only pay attention for a few minutes at a time.

15 minutes

ACTIVITY: How to and How Not to Talk to a Toddler

Say: We are going to do some brainstorming about how we should and we should not talk to toddlers. First, let's talk about these pictures. What do you see in them?

Handout/ Overhead 2-2-9, 2-2-10, & 2-2-11

Instructor uses **Handout/Overheads 2-2-9**, **2-2-10**, and **2-2-11** to lead discussion. Instructor points out the following:

In Handout/Overhead 2-2-9, the adult is unconcerned and non-interactive. This is not a good way to talk with a toddler.

In Handout/Overhead 2-2-10, the adult may be seen, from the child's point of view, as huge and overwhelming. Presenting oneself like this is not a good way to talk with a toddler.

In Handout/Overhead 2-2-11, the adult is on the child's level, is attentive, and establishes eye contact. This is a good way to talk with toddlers. This encourages verbal interaction.

and/or

Instructor divides participants into four groups by having each person in turn count 1-2-3-4. Ones meet as a group, twos meet as a group, etc. Give the following directions to groups 1 and 3.

Say: I'd like you to brainstorm, with members of your group. Try to think of many positive or appropriate ways to talk with toddlers. One example is to come down to the children's level. Write down as many different ways as you can think of.

Instructor gives the following directions to groups 2 and 4.

Say: I'd like you to brainstorm, with members of your group. Try to think of many negative or poor ways to talk with toddlers. An example might be to ignore them. Write down as many different ways as you can think of.

Say: Both groups will have five minutes to see how many ideas you can come up with. Let's see which group has the most suggestions. Please choose a recorder and a reporter for each of your groups.

After five minutes, the instructor calls everyone back into the large group and asks for a report from group 1 or 3 and from group 2 or 4. Have members of non-reporting groups, and other participants contribute additions. Write responses on the chalkboard or flipchart.

Positive examples include:

- Look at the child and bend down to child's level, if possible.
- Get child's attention and speak naturally.
- Speak in short simple sentences about things that are important in the child's world.
- Respond to the child's words as clearly as possible.
- Be patient and listen to what the child says.
- Tell the child you understand the child's feelings.
- Read to the child. This is a great way to share language and start conversations.

Negative examples include:

- Don't ask the child to repeat the same words again and again. Instead, try to understand by asking a questions such as, "The dog what?"
- Don't tease the child about the speech.
- Don't ignore the child.
- Don't threaten or bribe the child, e.g., "If you say this word, you can have a cookie."
- Don't talk for the child. Let the child try, and help the child.

Handout/ Overhead 2-2-12

Say: That was excellent. Each group had several suggestions. Handout 2-2-12 can help you remember what we have talked about.

Instructor refers to **Handout/Overhead 2-2-12.**

5 minutes

END OF HOUR 2 : Closing

Module 2

Title: SPEECH AND LANGUAGE DEVELOPMENT: What You Can Do to Help

Hour 3

Goal: **PARTICIPANTS WILL GAIN KNOWLEDGE OF THE NORMAL DEVELOPMENTAL PROCESS OF COMMUNICATION IN YOUNG CHILDREN: 24 TO 36 MONTHS.**

Objectives - ***Participants will gain an understanding of:***

- what to expect from a child who is learning to use words
- how to know when a toddler's language development may be in trouble.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: The objectives of this session are:

- to discuss speech development from age 24 months to three years and beyond
- to discuss language development from age 24 months to three years and beyond
- to red flag conditions which suggest that a communication handicap may develop.

Are there any questions?

15 minutes

LECTURE/DISCUSSION: Stage V (24 to 36 months) of Language Development

Handout/ Overhead 2-3-1

Say: Let's go on to talk about Stage V of speech and language development. You may want to take notes on Handout 2-3-1.

Instructor refers to **Handout/Overhead 2-3-1.**

Say: Now our toddler is word hungry and has begun Stage V of speech and language development. This stage includes ages two to three years. Children learn more words at this stage than at any other time in their lives. Not only do the toddlers learn many new words, they start to put them together in sentences. The sentences will start to sound more and more like grown-up talk. Children will repeat words by putting them in sentences to play with them. You might overhear toddlers having a great conversation with themselves while happily playing. Play is an important way for toddlers to learn about the world.

Ask: What games might a two to three year old play, Monopoly?

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Instructor should generate discussion about toddler play activities to include:

- playing house
- playing animals
- playing in sandbox or water
- playing with trucks and cars
- playing with blocks and pegs.

Say: Let's discuss the example of playing house. At two years of age the toddler will imitate one activity at a time that was seen at home. For example, the child might pretend to cook or feed the baby. The toddler may love to play with pots and pans filling, pouring, and dumping.

Ask: What do you think the child will say during play with pots and pans?

Examples:

- "That's hot."
- "Time to eat."
- "Mommy's cooking."

Say: By two and a half years the toddler might start to play doctor, teacher, or store clerk. The child will continue to imitate one activity at a time. For example, the toddler will pretend to be a teacher and read to the dog, or be a doctor and take care of the sick dog. You will hear the child start to use more questions.

At three years of age the toddler will still play the same games but with much more detail. The child will also begin to play with a friend instead of playing alone or next to a friend. Through play, toddlers will create events from the adult world.

Handout/ Overhead 2-3-2 & 2-3-3

Instructor asks participants to generate a story and a script that two to three year olds might create from the picture on **Handout/Overhead 2-3-2**. A sample script appears on **Handout/Overhead 2-3-3** with some

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of the following language characteristics marked. As the story is created, the instructor writes the script on chalkboard or flipchart.

Suggestions of what language characteristics a script by two to three year olds should include are:

- full sentences
- past, present, and future tenses
- plurals and possessives
- "w-h" questions
- prepositional phrases
- pronouns
- modifiers
- negatives
- contractions
- conjunctions.

Once the story has been finished, the instructor should help participants identify within it as many of the above characteristics as are present. Suggest participants look for these in stories their toddlers make up.

Say: As you know, at this age, our toddlers may start to drive us crazy asking "Why?" It is important that we be patient and try to answer or redirect questions that toddlers ask.

Handout/ Overhead 2-3-4

The MITCH booklet entitled *Welcome to the World* (Handout/Overhead 2-3-4), provides more information about when you can expect certain speech and language milestones to appear in infants and toddlers, and suggests activities for you to do.

20 minutes

LECTURE/DISCUSSION: Handicapping Conditions and Their Effect on Speech/Language

Say: Now, let's mention some of the signs that you might watch for in children who display relatively simple speech and language problems.

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Ask: What characteristics would a child show to alert you to the conditions such as stuttering, articulation errors, and delayed language?

Instructor conducts a discussion of each condition, one at a time, to include:

- Stuttering - the child repeats sounds or parts of words again and again for a long period of time.
- Articulation Errors - the child's speech is difficult to understand because the child uses the wrong sounds, or sounds that differ from the speech of other children.
- Delayed Language - the child's language sounds like that of a younger child. The child may have difficulty understanding what is said or may have problems expressing wants.

During the following, the instructor should make every effort to engage participants in an active discussion. An alternative approach to covering this material is to divide the participants into groups. Assign one type of disability to each group and ask members how they feel the disability can adversely affect a child's speech and language. Have a member of each group report back findings to the total group.

Say: Children with mental retardation may also show speech delays. Mental retardation results in a reduced ability to learn and may also result in delayed speaking skills.

Ask: In what ways do you think mental retardation might affect speech and language skills?

Instructor should write points on flipchart or chalkboard. Include:

- difficulty imitating speech
- difficulty understanding words and sentences
- use of meaningless chatter
- inappropriate responses.

Say: Cerebral palsy results in children having difficulty controlling their muscles. They cannot make their muscles do what they want them to do. Cerebral palsy can be mild, moderate, or severe and almost always affects speech

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production. All of the parts of the speech production mechanism can be affected.

Ask: How do you think poor control of speech muscles can affect the way a child talks?

Instructor should write points on flipchart or chalkboard for participants to copy. Include:

- Volume may be poor due to weak breath control.
- Quality of voice may be unusual.
- Speech may be slow.
- Speech may sound slurred.
- Talking may be difficult.

Say: Hearing impairments are known as the hidden disabilities. We often cannot tell that a person cannot hear by looking at the person. Hearing loss may not affect a child's innate problem solving ability but it stops the child from communicating effectively. It also can interfere with learning. For our purposes in this workshop, it is important that you be aware of the following types of hearing problems.

Handout/ Overhead 2-1-5

Instructor should refer to **Handout/Overhead 2-1-5**, of the ear anatomy.

Say: Conductive hearing losses are caused by problems in the outer and middle ear and are usually temporary.

Instructor points to outer ear canal and middle ear on Handout/Overhead 2-1-5

If a child pulls at the ear, especially if the child has a cold, it could be an indication of a middle ear infection. Middle ear infections can be very painful. The child should be seen by a physician. Symptoms are:

- Child may be cranky.
- Child may pull at or rub ear.
- Child may have a fever.

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- Child may not respond to sound.
- Child may stop talking.
- Child may talk less than normal.

Say: Too much wax in the ear canal can also cause a temporary hearing loss.

Instructor points to the outer ear canal.

Say: Excessive ear wax should be removed by a physician. Remember, do not ever use a cotton swab to clean out the ear canal. Do you remember why?

Instructor listens to responses that should include:

- **There is a danger that the swab could accidentally puncture the eardrum.**
- **A cotton swab should be used to clean the external outer ear only.**

Handout/ Overhead 2-1-5

Instructor points to cochlea on Handout/Overhead 2-1-5.

Say: Sensorineural hearing losses are caused by damage to the very tiny hair cells in the cochlea or by damage to the nerves of hearing. You may have heard this called nerve deafness. This type of hearing loss can sometimes be helped with hearing aids.

A sensorineural hearing loss can be mild, moderate, severe, or profound. Children with mild or moderate losses can hear speech and other sounds to varying degrees. It is the degree or amount of loss that affects sounds and, ultimately, how much the child can hear. The greater the loss, the more sounds are affected. Children with severe to profound hearing losses have greater difficulty understanding speech because they cannot hear all the sounds of speech. If they can't hear sounds they can't imitate them. It is very important if the child has hearing aids, that the child wear them as much as possible.

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Ask: What problems do you think a child with a hearing impairment will have in developing language?

Instructor should direct responses to include:

- Child may not respond to sounds in the environment.
- Child may not talk or make any sounds.
- Child may make unusual sounds.
- Child may attempt to talk but use speech that is hard to understand.
- Child may use a loud voice all the time.
- Child may have unusual tone or pitch in the voice quality.
- Child may have behavior problems.

Say: Visual impairment is another physical barrier to communication. It affects a child's ability to see, interpret, and comment on the world. Visual problems can also be mild, moderate, or severe.

Ask: What communication problems do you think might develop as a result of visual difficulties?

Instructor should direct responses to include:

- Child may miss non-verbal communication cues.
- Child may not learn how to give non-verbal cues.
- Language development may be delayed because the child may not see things in the world.
- Talking to others may be awkward because of poor eye contact.
- Child may not associate what is seen with what is heard.

Say: How a child feels will have an impact on the child's ability to communicate effectively. How do you think the language of children with emotional problems is affected?

Instructor leads discussion to include:

- A depressed child may not want to talk about the world. The child may not have the energy or the trust to talk to friends or caregivers.

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- An angry child may only learn to communicate feelings of anger and not other feelings, such as happiness, love, excitement, sadness, frustration, or jealousy. The manner of communicating may be violent.

Say: With all of these children who have handicapping conditions, the key is to understand their disability, learn how to best communicate with them, and help teach them how to communicate effectively.

Say: Another cause of ineffective communication can be the environment, or the child's world. Things such as culture, primary language in the home, and stress can have a poor, or adverse, effect on communication.

Ask: Why would cultural background influence speech and language development?

Instructor listens to responses, summarizes, and then continues.

Say: By referring to culture we are talking about social rules that determine how groups of people live. There are many cultures in the world and each may have different ways of raising children. In one culture young children may be encouraged to talk and in another it may be important for young children to be seen and not heard. In some cultures, eye contact is important. In other cultures, it is considered rude for a child to look into an adult's eyes.

As a caregiver it is important to be aware that a child's communication style will be affected by the family's culture. Can you give other examples of how culture affects communication?

Instructor listens to responses, summarizes, and then continues.

Say: Like culture, the language that a family speaks at home usually determines the first language a child speaks. If the family language, for example, is Chinese, the child's first experience with English may be at preschool. If

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the caregiver only speaks English, a communication barrier will exist until the child begins to learn English. This obviously would not be a problem if the child and caregiver happen to speak the same language.

If you work in a center that is bilingual, you should be aware of the following points. First, a child can learn two languages at the same time. Second, it is important that the caregiver choose one language and use that language with the child all of the time. The key to having a child learn two languages is for the child to identify which persons speak which language. The adult must be consistent in the use of one, not both, languages with the child. If one adult uses both languages with the child, the child may mix the languages and not know which words belong to which language.

Say: Stress can also affect language development. What could cause a child to feel stress?

Instructor should direct the answers to include:

- family stresses (illness, death, financial stress, divorce, moving, parental discord, alcoholism, drug abuse, workaholics, etc.)
- childhood illness
- high parental expectations
- discipline (physical and/or emotional abuse, inconsistent management, discipline that is too rigid, or lack of family rules)
- lack of consistent caregivers (daycare workers, babysitters, parents).

Ask: How can these issues affect a child's ability to communicate effectively?

Instructor listens to responses and then summarizes.

Say: The response would be similar to those we talked about when we discussed emotional disorders. The child may become depressed, withdrawn, or angry. You will probably notice a change in the child's way of communicating. The child may become

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overly quiet, or very talkative and interrupt a lot, or the child may strike out in order to get feelings across.

You can now see that communication is a very complicated process.

Remember, it is very important that the caregiver talks with the child through all five stages of speech and language development. Effective communication has a tremendous impact on the total development of the child. By taking the time to communicate effectively, you are telling the child that the child is a special person.

15 minutes

LECTURE/DISCUSSION: Red Flag Behaviors

Say: Before we leave, please look at the handout that signals behaviors that can indicate a speech or language problem. You may observe these behaviors in children with whom you work.

Handout/ Overhead 2-3-5

Instructor refers to **Handout/Overhead 2-3-5**.

We call these red flag behaviors because when you see infants or toddlers with whom you work responding in these ways a red flag should wave in your mind indicating that the child may need to be referred for a speech and language screening.

Handout/ Overhead 2-3-6

Instructor carefully reviews **Handout/Overhead 2-3-5** with participants and then provides the local Child Find number for participants to call when a speech and language screening may be necessary. Refer to **Handout/Overhead 2-3-6**.

Handout/ Overhead 2-3-7 & 2-3-8

Instructor may conclude session by distributing the Receptive and Expressive Language Checklists (**Handout/Overhead 2-3-7** and **2-3-8**).

Explain that this checklist may be used by caregivers to indicate the approximate level of language development for the children in their care. Instructor should emphasize that individual children progress at different rates in acquiring language. Not all 21 month old children will be at the 21 month level in language development. Some will be three or four

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months ahead of that while others may be three to four months behind. This is still within the range of normal. Only when a delay of six to eight months or more persists over time should there be cause for concern. At that point, a speech and language pathologist should be contacted to see the child. Remind the caregiver to give as much information as has been collected to the speech pathologist to assist in the screening or evaluation.

5 minutes **Explanation of Six-Week Follow-Up Activity**

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

END OF HOUR 3 : Closing

Resource List

All purpose photo library, Set 1. DLM Teaching Resources, P. O. Box 4000, One DLM Park, Allen, TX 75002.

Brown University Child Behavior and Development Letter. Providence, RI: Brown University. Available from Maniasee Communication Group, Inc., P.O. Box 3357, Wayland Square, Providence, RI 02906-0357.

Bush, C. S. (1979). Language remediation and expansion. Communication Skill Builders, 3830 E. Bellevue, P. O. Box 42050, E-80, Tucson, AZ 86733.

Can your baby hear? (1984). Children's Medical Services, Infant Hearing Impairment Program, HRS 145-9.

Caplan, F., & Caplan, T. (1979). The second twelve mnoths of life. New York: Putnam Publishing Group.

Castle, K. (1983). The infant and toddler handbook: Invitations for optimum early development. Atlanta, GA, Humanics Limited.

Cryer, D., Harms, T., & Bourland, B. (1988). Active learning for ones. Addison-Wesley Publishing Company, Jacob Way, Reading, MA 01867-9984.

Furuno, S. (1984). Hawaii early learning profile activity guide. Vort Corporation, P. O. Box 60880, Palo Alto, CA 94306.

Good talking with you: Language acquisition through conversation vdeo series. Educational Productions, 4925 S. W. Humphrey Park Crest, Dept 888, Portland, OR 97221.

Growing parent and growing child. Dunn & Hargitt, Inc., 22 N. Second Street, Lafayette, IN 47902.

Hearing Alert! (1978). Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N. W., Washington, DC 20007 (pamphlet).

Infant development videos: Infant development and infant health care. Johnson & Johnson Parenting Videos, P. O. Box 45119, Jacksonville, FL 32232-9916, (800)-537-2336.

Learning games for the first three years: A guide to parent-child play. New York: Berkley Publishing.

"Parenting adviser: The ABC's of language development," 3(4). Parenting Adviser Information Center, Whittle Communications.

Pushaw, D. R. (1976). Teach your child to talk. Fairfield, NJ: Cebco Standard Publishing.

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Resource List (cont'd)

Shanin, S. J. (1987). Songs for language learning. Communication Skill Builders, 3830 E. Bellvue, P. O. Box 42050, E-80, Tuscon, AZ 85733.

Small wonder: Book I (1979). American Guidance Systems, Publishing Building, P. O. Box 99, Circle Pines, MN 55014-1796, (800)-328-2560.

Small wonder: Book II (1981). American Guidance Systems, Publishing Building, P. O. Box 99, Circle Pines, MN 55014-1796, (800)-328-2560.

The beginning years. Neenah, WI: Kimberly-Clark.

Zero to three. Bulletin of National Center for Clinical Infant Programs, 733 15th Street, N.W., Suite 912, Washington, DC 20005.

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Aaronson, A. E. (1980). Clinical voice disorders. New York: Thieme-Stratton.

Bloom, L., & Lahey, M. (1978). Language development and language disorders. New York: John Wiley & Sons.

Boone, D. R. Infant speech and language development, Volta Review. Reprint #65A.

Brown University Child Behavior and Development Letter. (1988). 4(12).

Brown University Child Behavior and Development Letter. (1989). 5(4).

Bzoch, K. R. (1979). Communicative disorders related to cleft palate. Boston: Little Brown & Co.

Cannon, R. L. (1988). Receptive Language Checklist, Revised and Expressive Language Checklist, Revised. Available from R. L. Cannon, FDLRS/South, 9220 S.W. 52nd Terrace, Miami, FL 33165.

Cannon, R. L. (1978). Training for change, communication skills: An inservice training series for teachers of profoundly handicapped students. Florida Department of Health and Rehabilitative Services.

Davis, H., & Silverman, S. R. (1962). Hearing and deafness. New York: Holt, Rinehart and Winston.

Developmental language centered curriculum for hearing impaired children, (1982). Language - Patterns of development. Austin, TX: Statewide Project for the Deaf.

Fraser, J. (1986). Stuttering therapy: Prevention and intervention with children, No. 20, Memphis, TN: Speech Foundation of America.

Furuno, S. (1984). Hawaii early learning profile activity guide. Palo Alto, CA: Vort Corporation.

Garvey, C. (1982). Play. Cambridge, MA: Harvard University Press.

Griffin, P. M., & Sanford, A. R. (1975). Learning accomplishment profile for infants. Winston-Salem, NC: Kaplan Press.

Johas, D. F. (Ed.). (1985). Clinical management of communicative disorders. Boston: Little Brown & Co.

Labinowicz, E. (1980). The Piaget primer: Thinking, learning, teaching. Menlo Park, CA: Addison-Wesley.

Locke, J. L. (1983). Phonological acquisition and change. New York: Academic Press.

Marzollo, J., & Lloyd, J. (1972). Learning through play. New York: Harper & Row.

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References (cont'd)

Maya, L. U. (1988). Voice and diction. Dubuque, IA: Wm. C. Brown.

Morns, S. E. (1982). The normal acquistion of oral feeding skills. New York: Therapeutic Media.

Nelson, K. (1973). Structure and strategy in learning to talk. Monographs of the Society for Research in Child Development. 38(Serial No. 149).

Nicolosi, L., Harryman, E., & Kreshech, J. (1983). Terminology of communication disorders. Baltimore: Williams & Williams.

Northern, J. L., & Downs, M. P. (1984). Hearing in children. Baltimore: Williams & Wilkins.

Oller, D. K. (1980). Emergence of the sounds of speech in infancy. In G. Yeni-Komshian, J Kauanogh, & C. Ferguson (Eds.). Child phonology, Volume 1. Production. New York: Academic Press.

Sanford, A. R. (1974). Learning accomplishment profile. Winston- Salem, NC: Kaplan Press.

Schopler, E., Lansing, M., & Waters, L. (1983). Indivdualized assessment and treatment for autistic and developmentally disabled children (Vols. 1-3). Baltimore: University Park Press.

Schwartz, S., & Heller, M. J. (1988). The language of toys: Teaching communication skills to special needs children. Kensington, MD: Woodbine House.

Shriberg, L. D., & Kent, R. D. (1982). Clinical phonetics. New York: John Wiley & Sons.

Sitnik, V., Rushmer, N., & Arpan, R. (1977). Parent-infant communication. Beaverton, OR: Dormac.

Tonelson, S., & Watkins, S. (1979). Ski-Hi language development scale. Logan UT; University of Utah.

Appendix A

Reproducible Forms for Three-Hour Module

Form	Copies to make
• Instructor's Time Table and Notes (2 pages)	• 1 per instructor
• Advertising Flier	• As needed
• List of Participants	• Varies - usually 6 to 8
• Follow-Up Mailer (2 pages)	• One per participant

Note: Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead.

• Certificate of Completion (1 page)	• 1 per participant

Instructor's Time Table and Notes

MITCH Module Title: _____

Training Location _____

Date_____

Instructor_____

Preparation

Date	Task	Completed
_____	Review module	_____
_____	Preview videotape* and audiotape	_____
_____	Arrange for guest speaker*	_____
_____	Set date	_____
_____	Arrange for room	_____
_____	Arrange for A-V equipment*	_____
_____	Advertise	_____
_____	Photocopy all handouts	_____
_____	Prepare any overheads	_____
_____	Collect additional materials	_____

Notes for Training
Hour 1:

Hour 2:

*** if applicable**

Trainer's Time Table and Notes, continued
Hour 3:

Six-Week Follow-Up Activity

Date	Task	Completed
_____	Copy letters	_____
_____	Send letters	_____
_____	Collect activity	_____
_____	Review activity	_____
_____	Copy certificate	_____
_____	Prepare certificate	_____
_____	Deliver certificate	_____
_____	Record trainees who have completed module	_____
_____	Maintain List of Participants on file	_____

Notes:

Trainer's Time Table and Notes, continued
Hour 3:

Six-Week Follow-Up Activity

Date	Task	Completed
_____	Copy letters	_____
_____	Send letters	_____
_____	Collect activity	_____
_____	Review activity	_____
_____	Copy certificate	_____
_____	Prepare certificate	_____
_____	Deliver certificate	_____
_____	Record trainees who have completed module	_____
_____	Maintain List of Participants on file	_____

Notes:

Coming . . . MITCH Module 2

SPEECH AND LANGUAGE DEVELOPMENT:

What You Can Do to Help

TRAINING FOR CAREGIVERS OF INFANTS AND TODDLERS

Date ..... **Time** .....

Location .....

Training Agency .....

For information and/or registration, call .....

.....

.....

LIST OF PARTICIPANTS

SIGN IN SHEET
MITCH Module # _____ _____

MITCH module title _____
Training date _____
Training location _____
Instructor _____

Hours Attended			
1st	2nd	3rd	*FA

Please PRINT your name, social security number, home mailing address, phone and place of work.

Full Name _____ Social Security _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Place of Work _____
Work Address _____ Zip _____

Full Name _____ Social Security _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Place of Work _____
Work Address _____ Zip _____

Full Name _____ Social Security _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Place of Work _____
Work Address _____ Zip _____

Full Name _____ Social Security _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Place of Work _____
Work Address _____ Zip _____

*** Follow-Up Activity completed**

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Dear

This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module # _____

Title: _____

is due _____/ _____/ _____.

Please submit your Follow-Up Activity to:

_____

_____

_____

_____

If you have any questions, please call:

_____ *telephone* _____.

Sincerely,

Staple

Fold #2

From: MITCH Module Training

To:

Fold #1

Certificate of Completion

MITCH

Model of Interdisciplinary Training for Children with Handicaps

_____

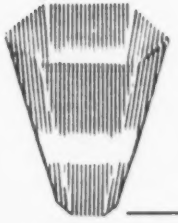
has completed all requirements for MITCH Module 2, entitled:

SPEECH AND LANGUAGE DEVELOPMENT: WHAT YOU CAN DO TO HELP

_____
Instructor

_____
Training Agency

_____
Date



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This training module was developed by the MITCH Project, the Florida Diagnostic and Learning Resources System/South Associate Center, and the Bureau of Education for Exceptional Students, Florida Department of Education

Appendix B

Reproducible Copies of Handouts/Overheads/Bookiets

Note:

Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.

Definition of Terms

ARTICULATORS	Those parts of the face, mouth and throat that create the sounds of speech, either by controlling the flow of air or shaping the space it travels through.
AUDIOLOGY	The science of hearing and hearing disorders including the assessment of hearing impairment and treatment.
BABBLING	Prelinguistic infant vocalizing beginning at about 4 months of age.
COCHLEA	A spiral tube of the inner ear resembling a snail's shell which contains the sensory mechanism of hearing.
COMMUNICATION	The expression of ideas, information, or feelings by any system; conveying meaning.
COMMUNICATION DISORDER	An impairment of one's ability to understand or express ideas, information, or feelings.
COOING	Infant vocalizing indicative of comfort or pleasure, usually in response to caretaker's smiles or talk, at about 6 to 8 weeks old.
DEVELOPMENT	The progression from earlier to later stages of maturation or from simpler to more complex stages of evolution.
HAIR CELLS (Cilia)	Sensory receptors found in the cochlea of the inner ear.
HANDICAPPED	Limited by physical or mental impairment. One with two or more disabilities would be multiply handicapped.
HEARING IMPAIRMENT	A loss of hearing ability ranging from slight to profound.
LANGUAGE	A structured, mutually accepted, symbolic method of expressing and communicating thoughts and feelings, vocally or graphically, used for interpersonal communication.
OTITIS MEDIA	Otitis is inflammation of the ear. Otitis media is inflammation of the middle ear.
PARALLEL TALK	A clinician's narration of what the client is experiencing or doing; a clinician's exact repetition of what the client has said.

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Definition of Terms (con't.)

PHONEME	One of a set of acoustically distinctive speech sounds, each corresponding to one of the symbols in the phonetic alphabet, and each distinguishing one utterance from another in a given language.
PRAGMATICS	The development of language in relation to the context and environment in which it originates. Relationships and intentions between speaker and listener, and all of the environmental elements surrounding the message.
SCREENING	A gross measuring or testing of subjects to separate into groups those who need attention for a specific condition and those who do not.
SELF-ESTEEM	The description of an individuals' self-concept, self-evaluation, or self-worth.
SENSORINEURAL	Pertains to the process of conveying sensation to nerves or to nervous tissue.
SIGN LANGUAGE	A method of communication for the deaf in which gestures replace words.
SPEECH	A method of oral communication using a code of language (oral symbols) to express thoughts and feelings and to understand others using the same language.
SPEECH AND LANGUAGE PATHOLOGIST	An individual, appropriately educated in speech and language pathology, qualified to diagnose speech, language, and voice disorders and prescribe and perform therapy related to those disorders (also called clinicians, therapists).
STUTTERING	Speaking with a spasmodic hesitation, prolongation, or repetition of sounds due to a disturbance in the normal fluency and timing of speech. The mechanisms involved in these dysfluencies may be neuromuscular, respiratory, phonatory, or articulatory.
VOICE	In speech, the sound produced by the expiration of air through vibrating vocal cords and resonated within the throat and head cavities.
WH QUESTION	An inquiry (question) that begins with "wh", such as, who, what, why, where, when, which, and whose.
WORD	A sound, or combination of sounds (or its graphic representation) that symbolizes or communicates a meaning, and consists of one or more phonemes and one or more syllables.

Module	Hour	Handout
2	1	1 (con't.)

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

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COMMUNICATION

"A process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors"

Webster's Dictionary

Module	Hour	Handout
2	1	2

Florida Department of Education
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Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

VERBAL COMMUNICATION

The mechanisms of speech:

The lungs (air) are the power source.

The vocal chords are the vibrating source.

The mouth and nose are the resonators.

The tongue, lips and teeth are the articulators.

Module	Hour	Handout
2	1	3

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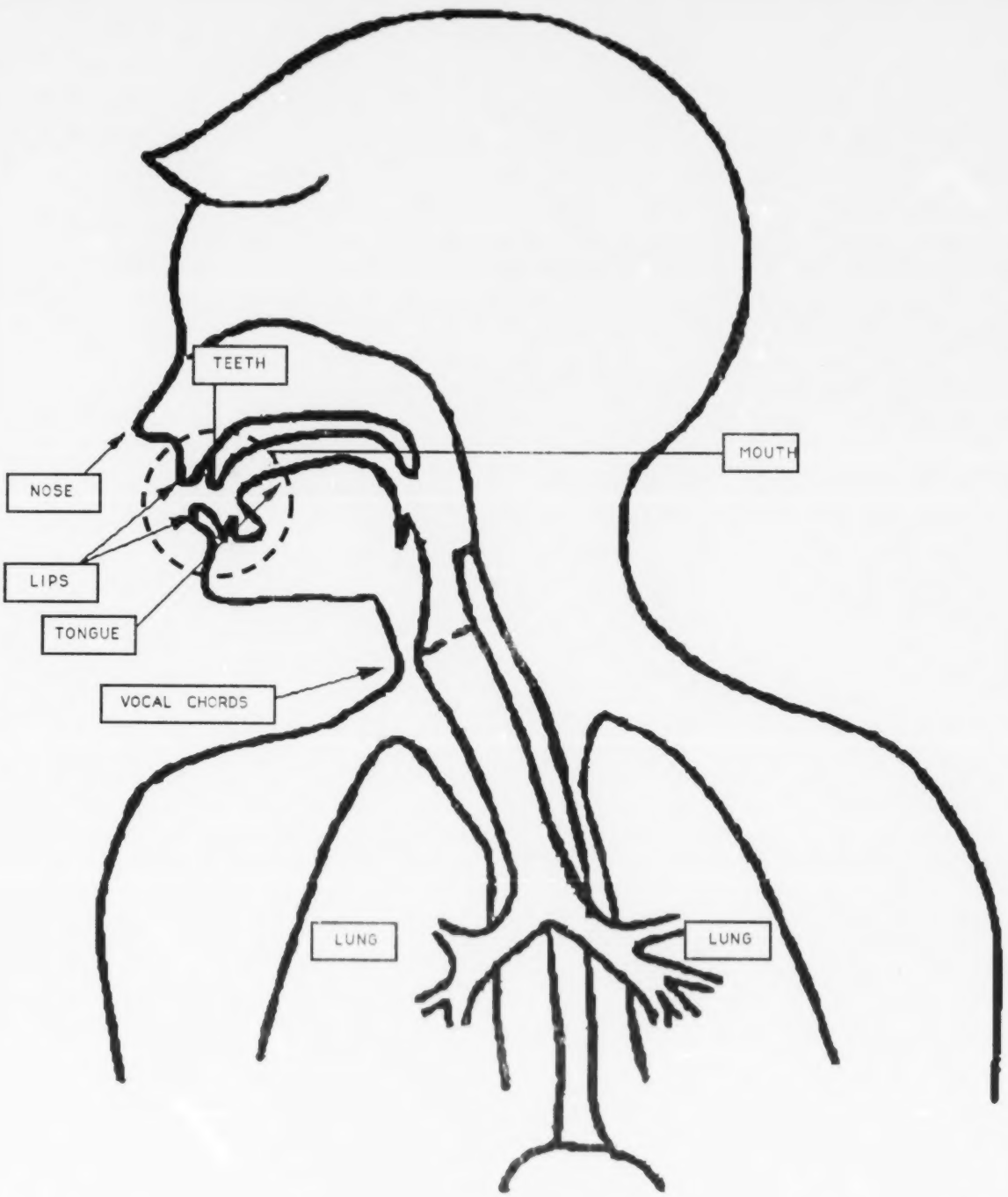

Module	Hour	Handout
2	1	4

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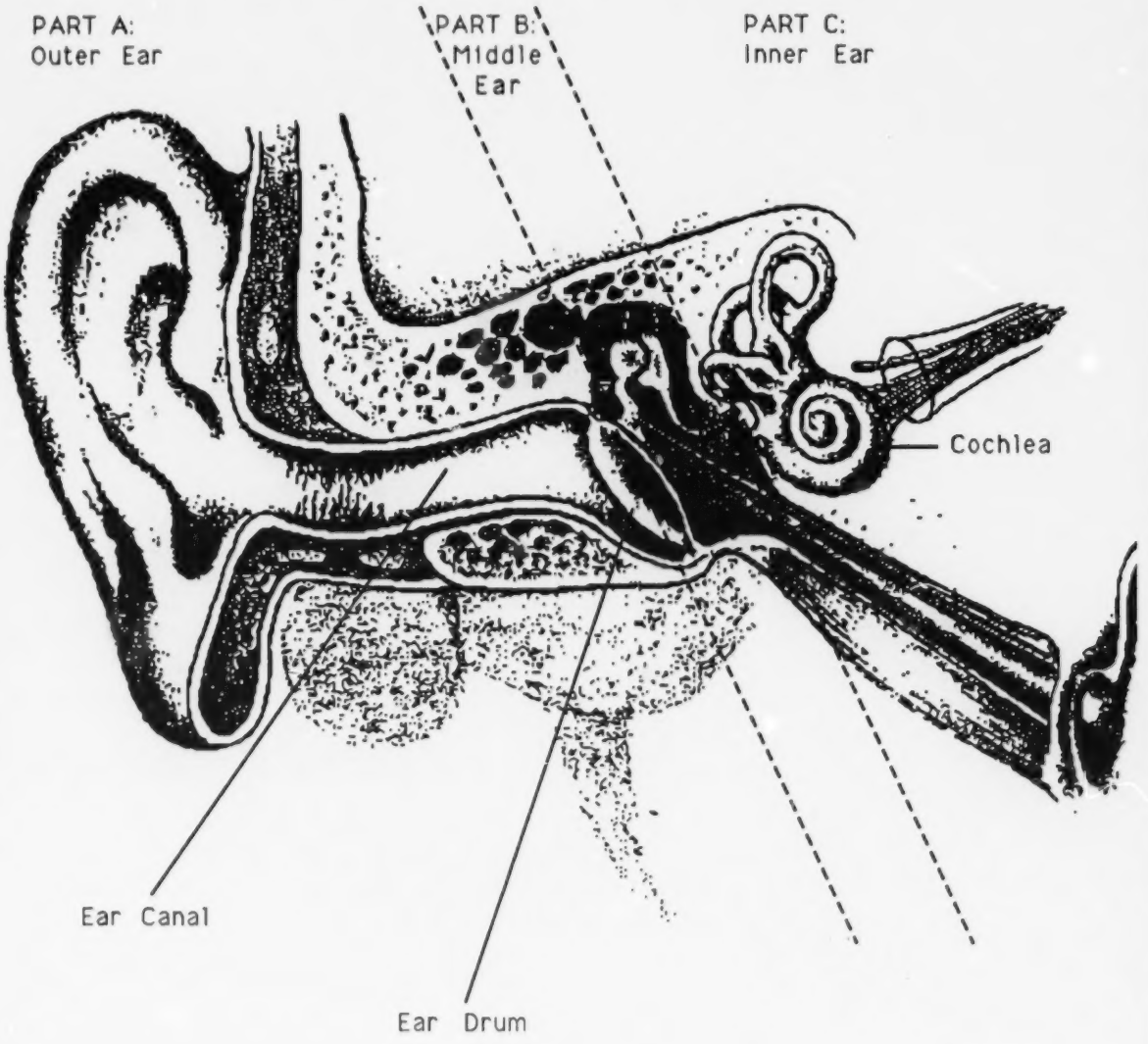
Parts of the Ear



Module	Hour	Handout
2	1	5

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Sometimes, the ear canal can get blocked with wax and children will have a great deal of trouble hearing.

Module	Hour	Handout
2	1	6

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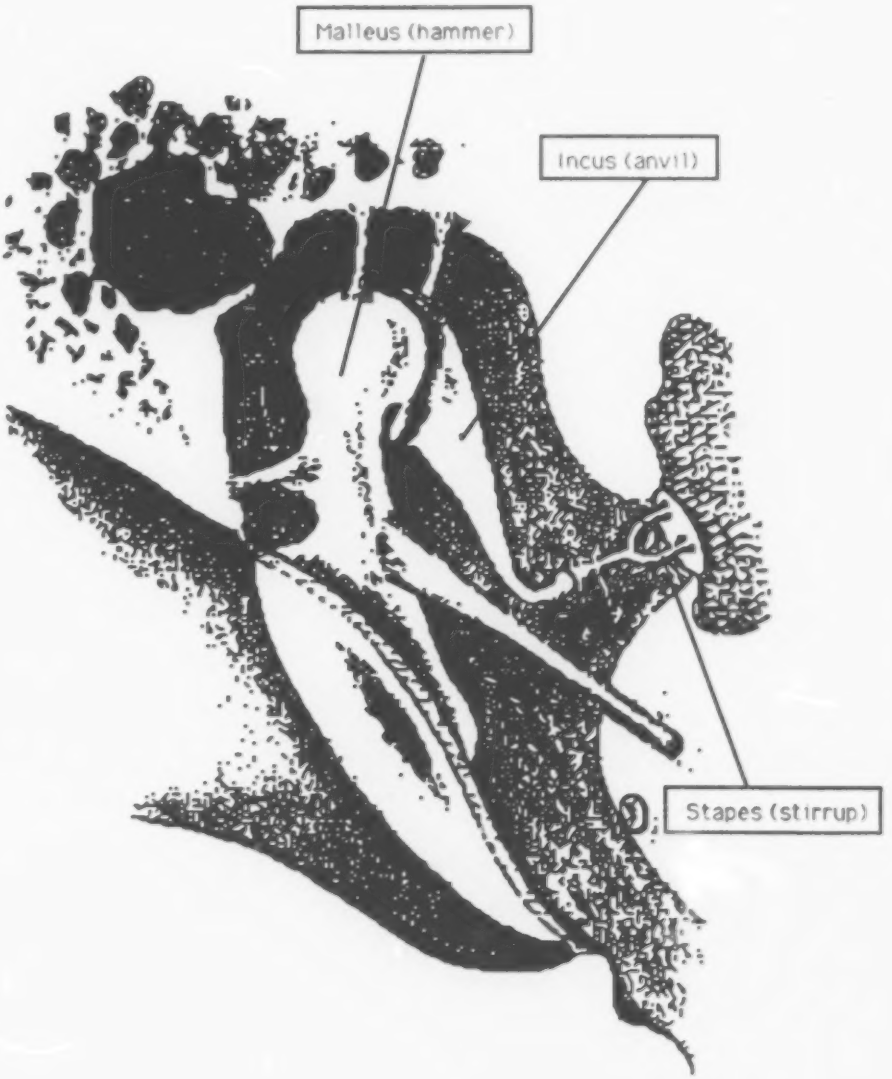
MIDDLE EAR BONES (OSSICLES)



Module	Hour	Handout
2	1	7

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Sometimes, when you have a cold, the inner ear space fills with fluid. If this fluid becomes infected, this can be painful and make it hard to hear.

The heads of infants should always be elevated when they drink from a bottle. This will lower the chance of fluid build-up which may result in inner ear infection.

Module	Hour	Handout
2	1	8

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When everything is NORMAL, we are able to listen to the sounds of speech and learn to produce them. Through this complex process, we develop RECEPTIVE LANGUAGE and EXPRESSIVE LANGUAGE.

RECEPTIVE LANGUAGE - STAGE I

Birth to 6 Months

At birth to 6 months, a child will:

- quiet at an adult's approach
- recognize familiar faces and voices
- attend to human presence
- recognize familiar sounds
  - bottle clinking and kitchen noises
  - mother's voice
  - door closing
  - keys jingling
- turn head to sound and search for the source of sound
- respond appropriately to a friendly voice by cooing or by smiling
- respond to an angry voice by crying.

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INFANT SOUNDS
(Expressive Language)

Birth to 6 Months

Vegetative Sounds

- grunts
- sucking
- burps
- sighs
- yawns

Non-Vegetative Sounds

- hunger and discomfort cries
- coos
- raspberries
- squealing
- goos
- gurgles
- laughter

Module	Hour	Handout
2	1	11

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WHY INFANTS MAKE SOUND

VIBRATION - self stimulation

AUDITORY FEEDBACK- hear self

SOCIAL ACCEPTANCE - make others happy

Deaf and/or hearing impaired children will use cooing sounds until about four months of age. Around this time, the excitement of the vibrations begins to wear off, and the child loses interest in producing sound. This loss of interest is due simply to the loss of auditory feedback. In other words, the children do not hear their own (or other) sounds. Therefore, they just stop cooing.

Module	Hour	Handout
2	1	12

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EXPRESSIVE LANGUAGE - STAGE I

Birth to 6 Months

At birth to 6 months a child will:

- make random vocalizations
- cry with a sound
- demonstrate a differentiated cry
- vocalize when spoken to
- chuckle, coo, and gurgle
- express vocal pleasure
- make noises containing vowel and consonant sounds
- babble syllable repetitions
- increase vocal production
- change output when the environment changes.

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When a child understands, or comprehends spoken language, we call it receptive language. Remember, an infant's receptive language is the input from what happens in the environment or what others say or do.

An infant's expressive language is the child's output or, what the child does to express, or make known wants and needs.

Language is very closely connected to learning, and learning is very dependent upon language.

RECEPTIVE LANGUAGE - STAGE II

7 to 12 Months

At 7 to 8 months a child will:

- look in the direction of speaker when the child's name is called
- raise arms when someone reaches toward child
- look at familiar people (mother-father-caregiver) when that person is named
- respond to noises and voices by making gross motor movements.

At 9 to 10 months a child will:

- momentarily stop an activity when hearing "no-no" or own name, then resume the activity
- discriminate among familiar voices (e.g., mother, father, or caregiver)
- begin to attend to a few familiar words (e.g., child's name, "daddy," "bye-bye")
- respond to "bye-bye" by smiling or crying.

At 11 to 12 months a child will:

- like to listen to words
- demonstrate an interest in environmental noises
- give a toy upon request when accompanied by a gesture
- follow simple spoken commands with gestures (e.g., "sit down," "stand up," "come here," etc.).

EXPRESSIVE LANGUAGE - STAGE II

7 to 12 Months

At 7 to 8 months a child will:

- laugh out loud
- respond appropriately to a friendly or angry voice
- vocalize displeasure other than crying (i.e., screaming, whining, etc.).

At 9 to 10 months a child will:

- imitate speechlike sounds
- imitate simple motor acts (i.e., clapping)
- babble to people
- use a two-syllable babble
- shake head for "no"
- babble phrases (4 syllables or more)
- imitate the number of syllables
- produce sounds which sound like words
- increase verbal output with direct verbal stimulation.

At 11 to 12 months a child will:

- say first true word used appropriately, with meaning, and on a consistent basis
- begin to imitate non-speechlike sounds (i.e., tongue clicking)
- use different melody patterns
- babble monologues when alone
- repeat sounds or actions if laughed at previously
- demonstrate a peak usage of sound repetitions
- try to sing
- vocalize in a repetitive fashion
- play with and imitates own sound.

Child: Baa

Possible meanings are:

- That's a ball.
- I want the ball.
- Where did that ball come from?
- That's Johnny's ball.
- Johnny, play ball with me.

Module	Hour	Handout
2	2	4

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RECEPTIVE LANGUAGE - STAGE III

13 to 18 Months

At 13 to 14 months a child will:

- **begin to understand own name, the names of toys, family members, and clothing**
- **respond to simple noun words.**

At 15 to 16 months a child will:

- **discriminate among familiar noises (e.g., telephone, doorbell, vacuum)**
- **find a baby in a picture when asked**
- **recognize hair, mouth, nose and hands when they are named.**

At 17 to 18 months a child will:

- **respond to simple commands without gestures (e.g., "Put the ball on the chair," "Get Mom your shoes")**
- **identify two objects in a box**
- **enjoy picture books**
- **listen to rhymes or songs for several minutes.**

Module	Hour	Handout
2	2	5

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EXPRESSIVE LANGUAGE - STAGE III

13 to 18 Months

At 13 to 14 months a child will:

- demonstrate a speaking vocabulary of at least three words in addition to "mama" and "dada"
- begin to engage in a vocal/verbal exchange.

At 15 to 16 months a child will:

- use 4-7 words appropriately
- use expressive jargon (strings of sounds having a melody and sounding like sentences)
- leave off the beginning and ending of words or change consonants
- indicate wants by pointing and vocalizing
- name a few familiar objects.

At 17 to 18 months a child will:

- use twenty words appropriately
- speak in a telegraphic manner (use one or two words to mean whole concepts - "eat" may mean "I want to eat!")
- imitate simple motor acts consistently
- combine words relative to needs (e.g., "eat cookie," "drink juice").

EXPRESSIVE LANGUAGE

19 to 24 Months

At 19 to 24 months a child will:

- engage in sing-song word play
- use make-believe words
- imitate and repeat what child hears
- inconsistently use favorite words
- utilize overextension
- utilize telegraphic speech
- make requests
- name objects
- use possessives
- ask questions.

RECEPTIVE LANGUAGE

At 19 to 24 months a child will:

- understand time concepts
- comprehend concept of sharing
- understand cause and effect
- follow directions.

Module	Hour	Handout
2	2	7

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Module	Hour	Handout
2	2	8

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Module	Hour	Handout
2	2	9

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Module	Hour	Handout
2	2	10

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Module	Hour	Handout
2	2	11

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Ways to Talk to a Toddler

Positive:

- Look at the child and bend down to the child's level if possible.
- Get the child's attention and speak naturally.
- Speak in short simple sentences about things that are important in the child's world.
- Respond to the child's words as clearly as possible.
- Be patient and listen to what the child says.
- Tell the child you understand the child's feelings.
- Read to the child. This is a great way to share language and start conversations.

Negative:

- Don't ask the child to repeat the same words again and again. Do try to understand by asking a question such as, " . . the dog what?"
- Don't tease the child about how the child speaks.
- Don't ignore the child.
- Don't threaten or bribe the child. ("If you don't say this word, you can't have a cookie.")
- Don't talk for the child. Let the child try, and help the child.

Module	Hour	Handout
2	2	12

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LANGUAGE GROWTH - Stage V

24 to 36 months

At 24 to 36 months, a child will use:

- **full sentences**
- **past, present, future tense**
- **plurals, possessives**
- **WH questions**
- **prepositional phrases**
- **pronouns**
- **modifiers**
- **negatives**
- **contractions**
- **conjunctions.**

Module	Hour	Handout
2	3	1

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Playing Doctor

Module	Hour	Handout
2	3	2

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Sample Script

[For use with handout/overhead 2-3-2]

1st Child: **(Full sentence)** **(Conjunction)**
I'll put this rug here on the floor. Yeah, spread it out like this and
(Possessive) **(Question)**
now get a chair. Where's my green blanket? Let's make a house,
(Preposition) **(Negation)**
Dolly. Put it over the chair. Don't do it that way. Do it this way.
(Modifier)
Nice house. Dolly, you like this house? O.K., time for a nap. Here
(Plural) **(Pronoun)** **(Contraction)**
are some pillows. You get the big blue one. Let's have tea. Are
(Question)
you thirsty? Oh now, Dolly's sick. Call the doctor.
(Present tense)
Here comes the doctor.

2nd Child (joins play with 1st child):
I'll help Dolly. I'm the doctor.

1st Child: O.K., I'm the nurse.

2nd Child: Let's give her some red medicine. Where's the spoon? Here it is in the box.

1st Child: Here, Dolly -- take your medicine. Then you'll feel better tomorrow.

Now time for sleep. Where does your head hurt? Will you go to school tomorrow? No, can't go 'cause you're sick.

2nd Child: O.K., all fixed. Dolly's better now. Well, I have to go back to my office. Bye.

Module	Hour	Handout
2	3	3

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Welcome to the World

An Overview of Your Growing Child

(A reproducible copy of this booklet follows.)

This handout is recommended for use with MITCH Modules 1, 2, 3, 6, 7 and 9.

Module	Hour	Handout
2	3	4

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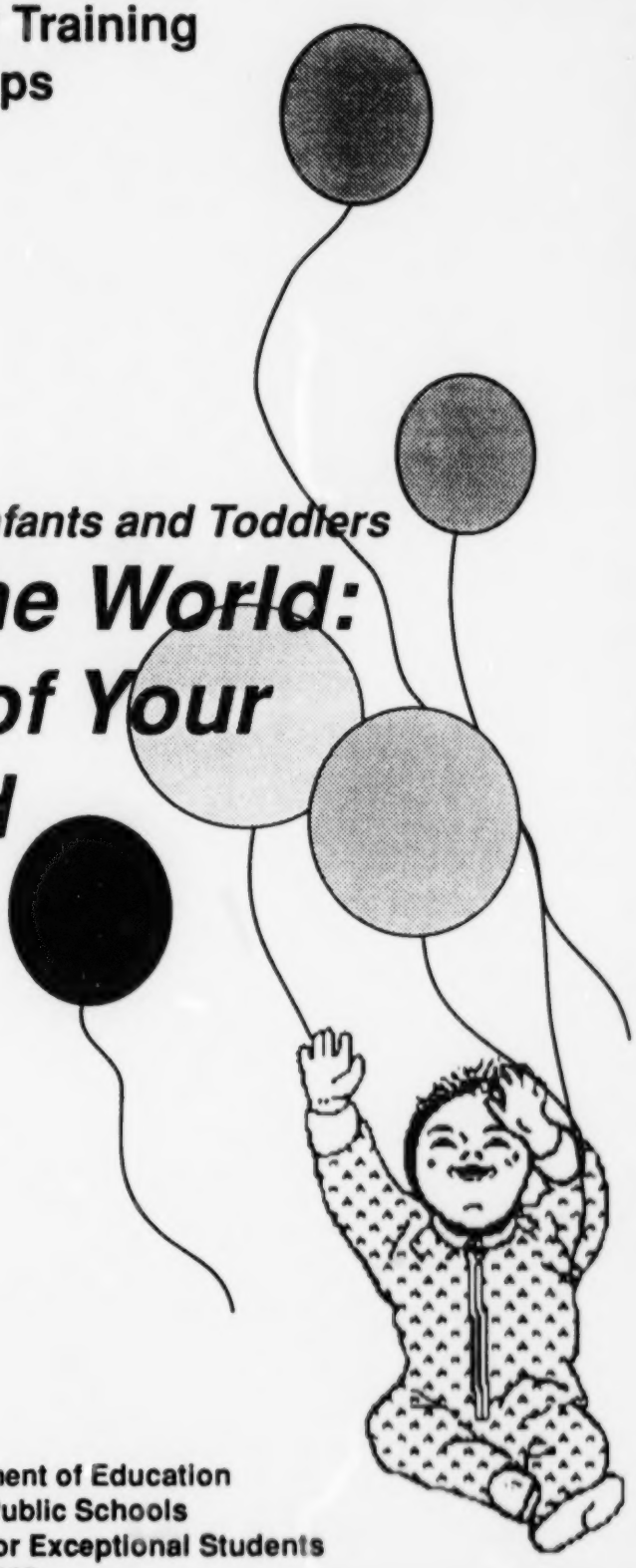

A Series for Caregivers of Infants and Toddlers

Welcome to the World: An Overview of Your Growing Child

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series is one of many publications available through the Bureau of Education for Exceptional Students, Florida Department of Education, designed to assist school districts, state agencies which operate or support educational programs, and parents in the provision of special programs for exceptional students. For additional information on this training series, or for a list of available publications, contact the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, Florida 32399-0400 (telephone: 904/488-1879; Suncom: 278-1879; SpecialNet: BEESPS).

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Welcome to the World: An Overview of Your Growing Child

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

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Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Welcome to the World: Overview of Your Growing Child

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Introduction

This booklet is designed to provide a brief summary of normal development from birth to 36 months of age. It describes behaviors typically seen in children at various developmental levels. It gives examples of these behaviors in each of four categories: personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. The booklet also suggests activities that adults can do with infants and toddlers.

It is important to remember that although all babies follow the same general pattern of growth, all children do not develop at the same rate. Children differ in appearance, in the way they feel about things, and in the way they learn. Also, a baby's development may not be steady. The baby may develop new large muscle skills, such as standing and walking, but not seem to develop new fine motor skills for a few months. Then, the child's large motor skill development may slow down while the child's language skills appear to develop very quickly. Because babies are unique and develop and grow at different rates, this booklet should be used only as a general guideline. The sequence of learning is what is important.

When a caregiver knows what a baby might be interested in and able to do next, the caregiver can better interact and play with the baby. Knowing what things a baby is not yet ready to do will keep the caregiver from expecting the child to play and respond in ways that are not yet possible for the child.

If a parent or caregiver has questions about a child's development, it is best to consult the child's doctor, nurse, or other qualified professional. The local Child Find specialist can also be called. Child Find is associated with the exceptional student education department of Florida's public schools and 18 support centers called the Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers. The Child Find specialist at any FDLRS center can arrange to see a child who lives within that FDLRS region and who may not be developing normally. Call the local public school, FDLRS office, or Florida Department of Education, Bureau of Education for Exceptional Students (904/488-2077) for the number of the nearest Child Find specialist.

Birth to Three Months

PERSONAL AND SOCIAL SKILLS

- Smiles in response to adult's smile
- Looks at face when spoken to
- Tells primary caregiver from other adults
- Startles or cries at sudden loud noises
- Comforts to soothing gentle sounds

Suggested Activities

- Smile at baby
- Hang a crib mobile
- Sing lullabies to baby

LANGUAGE AND UNDERSTANDING SKILLS

- Expresses demands with cries and/or other sounds
- Gurgles and coos
- Responds to sound of rattle
- Shows excitement before feeding and anticipates other familiar events

Suggested Activities

- Talk to baby during feeding, changing, and bathing
- Provide many different sounds for baby (music, rattles, radio, bell, TV, etc.)
- Imitate sounds baby makes
- Listen to, watch, and allow time for baby to respond

SMALL MUSCLE SKILLS

- Follows bright objects with eyes
- Looks at object held in hand
- Attempts to grasp adult's finger
- Holds objects for a few seconds
- Sucks well

Note: Many movements are still controlled by reflexes

Suggested Activities

- Dangle objects in front of baby for baby to watch
- Provide different textures for baby to feel (terrycloth, stuffed animals, plastic toys) making sure objects are too big to swallow.
- Place objects (finger, rattle) in infant's hand to stimulate grasp

LARGE MUSCLE SKILLS

- Lifts head while lying on stomach
- Begins to reach toward object
- Automatically turns head to one side while lying down
- Moves arms and legs

Suggested Activities

- While baby is on stomach, dangle bright objects in front of baby to help baby lift head
- Hold baby in a sitting position so baby begins to hold head steady
- Provide baby with a favorite object to look at in order to help baby roll over
- To encourage sitting, place baby in corner of couch (supervised)

Three to Six Months

PERSONAL AND SOCIAL SKILLS

- Laughs
- Smiles on own
- Reaches for familiar people
- Begins choosing toys

Suggested Activities

- Play peek-a-boo with baby
- Let baby look at self in mirror
- Sing simple songs with baby and help baby do motions with hands to the music
- Massage baby's arms, back, and legs from top to bottom

LANGUAGE AND UNDERSTANDING SKILLS

- Squeals and laughs
- Babbles, combines vowel and consonant sounds (e.g., goo, ga)
- Explores objects by putting in mouth
- Chuckles
- Experiments by making sounds (e.g., goo ah)
- Begins to respond to own name
- Begins to show likes and dislikes

Suggested Activities

- Shake rattle beside baby's head (ear) to encourage head turning toward sound
- Continue to talk to baby; name objects
- Listen for baby's sounds and imitate them; wait for baby to respond to your sounds

SMALL MUSCLE SKILLS

- Picks up and holds rattle
- Chews
- Plays with hands at midline
- Starts to transfer objects from one hand to the other
- Holds objects with fingers against palm of hand (palmar grasp)

Suggested Activities

- Put object (rattle) in baby's hand and gently pull it to encourage baby to hold on to object
- Put a toy in baby's hand and let baby hold toy with both hands to encourage baby to transfer or switch object to the other hand
- Help baby pick up small, safe objects (1" blocks, assorted shapes)

LARGE MUSCLE SKILLS

- Brings objects to mouth
- Turns from back to side
- Rolls from stomach to back and then back to stomach
- Pushes up on arms when on tummy
- Holds head upright and steady without support
- Kicks at objects

Suggested Activities

- Put baby on tummy on a safe surface (carpet, blanket, mattress) and dangle interesting toys at baby's head
- Fasten mobile on crib for baby to kick and move baby's legs to demonstrate

Six to Nine Months

PERSONAL AND SOCIAL SKILLS

- Smiles at self in mirror
- Enjoys hide-n-seek, peek-a-boo, pat-a-cake
- Becomes attached to a particular toy or object
- Begins to fear strangers

Suggested Activities

- Hug and cuddle baby often
- Smile and talk to baby
- Play "How Big's the Baby," hide-n-seek, peek-a-book, pat-a-cake
- Let baby play in front of large mirror

LANGUAGE AND UNDERSTANDING SKILLS

- Starts imitating sounds
- Makes eager sounds for bottle or breast
- Uncovers toy that is hidden by cloth
- Knows on name
- Vocalizes to self when alone

Suggested Activities

- Look at picture books with baby
- Sing songs with baby
- Play hide-n-seek with toys under cloth

SMALL MUSCLE SKILLS

- Starts feeding self
- Rakes or scoops small objects
- Grasps with three fingers (inferior pincer grasp)

Suggested Activities

- Provide baby the opportunity to pick up safe foods (cereal, crackers) and feed self
- Let baby hold crayon in hand and scribble on big piece of paper
- Provide many small objects for baby to pick up making sure they are too big to swallow

LARGE MUSCLE SKILLS

- Sits by self for a short time
- Creeps and crawls
- Pulls self to standing on furniture
- Rocks back and forth when on hands and knees
- Plays with feet when on back
- Stands by holding on to furniture, hands, etc.

Suggested Activities

- Encourage baby to pull up to a standing position
- Place a toy out of reach and encourage baby to try to get the toy by crawling to it
- Allow baby to stand next to furniture
- Allow lots of room for baby to crawl and explore (supervise)

Nine to Twelve Months

PERSONAL AND SOCIAL SKILLS

- Aware of strangers
- Tugs at or reaches for adults to get attention
- Begins drinking from a cup
- Likes or dislikes certain foods
- Demonstrates affection

Suggested Activities

- Have baby sit near the family during meals
- Play pat-a-cake
- Help baby learn to hold a cup containing a small amount of liquid
- Hug and kiss baby often
- Respond with a hug or by talking when baby reaches for you

LANGUAGE AND UNDERSTANDING SKILLS

- Waves bye-bye
- Responds to "no-no"
- Starts understanding simple questions ("Want some more juice?")
- Shakes head "no-no"
- Understands familiar words (mommy, daddy, ball, cookie)
- Looks at pictures in book
- Begins enjoying nursery rhymes and songs

Suggested Activities

- Make puppet from socks and pretend the puppet is "talking" to baby
- Read nursery rhymes and sing songs to baby
- Help baby look at scrap book
- Identify objects with names

- Listen and respond to communication from baby

SMALL MUSCLE SKILLS

- Holds own bottle
- Picks up small objects using thumb and finger
- Uses two hands together with coordination (picks up cup)
- Claps hands
- Drops objects with voluntary release

Suggested Activities

- Show baby how to stack small blocks
- Let baby play with the pots and pans in the kitchen
- Help baby put objects into a container
- Let baby play with empty boxes of all sizes
- Give baby cereal to feed self

LARGE MUSCLE SKILLS

- Gets into sitting position from lying down position
- Sits down from standing position
- Walks with assistance
- Stands alone
- Bangs two toys together

Suggested Activities

- Play stand up, sit down, lie down imitation game
- Help baby to walk with or without support
- Let baby "cruise" around by holding on to furniture and walking

Twelve to Eighteen Months

PERSONAL AND SOCIAL SKILLS

- Enjoys having people clap
- Starts feeling emotions of jealousy, affection, sympathy
- Plays chasing and hiding games
- Shows specific wants by gestures and vocalizations
- Plays ball with an adult
- Becomes attached to favorite possession (blanket, toy)

Suggested Activities

- Provide washcloth for child and allow child to care for doll by washing, hugging, and kissing doll
- Let child help undress self
- Let child start feeding self with a spoon
- Ask child to show how big child is (help child raise hands high)
- Take child on outings (picnic, zoo, parks) and talk about the things you see and do with child
- Roll a large ball to the child and ask child to roll it back to you

LANGUAGE AND UNDERSTANDING SKILLS

- Names body parts
- Points to several objects or pictures when named
- Follows simple commands

Suggested Activities

- Encourage child to repeat familiar words
- While child is bathing or dressing, name body parts and let child repeat the names
- Look at a picture book with child and name objects in the pictures

SMALL MUSCLE SKILLS

- Feeds self with spoon
- Attempts scribbling
- Stacks small objects
- Builds tower of two blocks

Suggested Activities

- Play game with small blocks; stacking, lining up, knocking down
- Encourage child to draw or scribble with a crayon or water soluble marker
- Play with bean bags or soft sponge balls
- Encourage self feeding with spoon

LARGE MUSCLE SKILLS

- Walks alone
- Throws a ball
- Sits in a chair
- Improves balance and coordination

Suggested Activities

- Allow child to walk up stairs with assistance
- Allow child to walk as much as possible
- Give child a pull toy to play with
- Roll and throw ball or bean bag
- Encourage use of child size furniture (chair, table)

Eighteen to Twenty-four Months

PERSONAL AND SOCIAL SKILLS

- Likes being read to
- Partially feeds self
- Independence grows stronger
- Exhibits curiosity and is "into everything"
- Has special relationship with each parent
- Enjoys playing next to another child (little interaction)
- Enjoys touching and hugging

Suggested Activities

- Encourage child to dress and undress self
- Encourage child to pick up and put away own toys
- Encourage child to help with simple household chores
- Encourage child to use both a spoon and a fork

LANGUAGE AND UNDERSTANDING SKILLS

- Makes simple choices among toys
- Mimics another child's play
- Begins to ask questions
- Puts two words together
- Asks for items by name (e.g., "ball," "doll," "cookie")
- Can follow one or two step directions

Suggested Activities

- Begin to give simple directions for child to follow
- Play a simple game of "Simon Says"
- Read to child 5 to 10 minutes each day
- Watch quality TV programs with child and talk about what you see but limit the amount of time child spends in front of the TV
- Answer child's questions simply

SMALL MUSCLE SKILLS

- Scribbles and imitates simple strokes such as vertical lines, horizontal lines, and circular strokes
- Takes off socks and shoes purposefully
- Takes things apart and puts them back together

Suggested Activities

- Help child put objects through an opening in a container, and help child dump them out again
- Use simple nesting boxes or cans
- Give child simple insert puzzle to complete (2-3 pieces)
- Finger paint with pudding
- Provide chalk, markers, pencils, paint, and brushes for sidewalk, large paper, newspaper, etc.
- Let child handle clay, play dough (recipe follows), and shaving cream

1 cup flour *2 Tblsp. cream of tartar* *1 Tblsp. oil*
1 cup water *1/2 cup salt*
Mix all together. Color with food coloring if desired.

LARGE MUSCLE SKILLS

- Jumps with two feet
- Moves body in time to the music
- Walks up and down stairs with help
- Runs
- Attempts to kick a ball

Suggested Activities

- Show child how to jump holding child's hand while jumping
- Let child listen to music and show child how to swing, clap, and dance to the music
- Have short running races on soft surfaces (grass, carpet)
- Play "Kick the ball"

Twenty-four to Thirty-six Months

PERSONAL AND SOCIAL SKILLS

- Interacts with other children in simple games
- Verbalizes toilet needs

Suggested Activities

- Praise child when toilet needs are indicated
- Play "Ring Around the Rosie," "Duck, Duck Goose"
- Play hide-n-seek
- Play dress up

LANGUAGE AND UNDERSTANDING SKILLS

- Follows two-step directions
- Takes part in simple verbal conversation (e.g., "What's your name?")
- Answers simple "what" questions
- Uses two or three word sentences regularly (e.g., "Me want juice.")

Suggested Activities

- Allow child a choice of foods at mealtime
- Ask child to follow directions (e.g., "Pick up your doll and put it on the shelf, please.")
- Listen to and talk with child
- Read books for 10 minutes each day with child and talk about the pictures

SMALL MUSCLE SKILLS

- Uses spoon and cup independently
- Helps pick up toys
- Turns handle to open door
- Completes simple insert puzzle (3-4 pieces)
- Unscrews lids

- Builds 6-8 cube tower
- Snips paper with scissors

Suggested Activities

- Provide simple puzzle for child to complete
- Provide child with blunt scissors and paper to snip
- Provide sand, pudding, or finger paint for writing with finger
- Provide many containers with tops to open and close

LARGE MUSCLE SKILLS

- Rides tricycle
- Pushes or pulls door open
- Walks up stairs holding rail

Suggested Activities

- Arrange for child to play games with others such as "London Bridge is Falling Down," "Tag"
- Encourage practice in skipping and hopping
- Provide practice in riding a tricycle
- Show child how to jump over a chalk mark or hose

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State of Florida
Department of Education
Tallahassee, Florida
Betty Castor, Commissioner
Affirmative action/equal opportunity employer

RED FLAG BEHAVIOR

Signs of a Possible Speech/Language Problem

Stage I **0 to 6 Months:**

- Baby does not seek out or maintain eye contact.
- Baby does not respond to sound by startling or moving eyes and head.
- Baby is very quiet; does not coo, goo, make raspberries, squeal, or generally play with sounds.
- Baby has difficulty eating.
- Baby rarely or never plays turntaking games by smiling, laughing, gooing.

Stage II **7 to 12 Months:**

- Baby does not start babbling.
- Baby does not understand own name.
- Baby does not recognize parents, caretakers by sight.
- Baby does not understand the names of a few familiar objects (e.g. bottle, shoe).
- Baby continues to have many ear infections.

Stage III **13 to 18 Months:**

- Baby does not like to play with toys.
- Baby has not started to use the same sounds or words to get what baby wants.
- Baby shows no desire to communicate/interact with others.
- Baby cannot coordinate/imitate mouth movements for speech sounds.

Signs of a Possible Speech/Language Problem

Stage IV **18 to 24 Months:**

- Toddler does not label or ask about things in the environment.
- Toddler talks but cannot be understood.
- Toddler cannot follow one-step directions.
- Toddler is not learning new words.

Stage V **24 to 36 Months:**

- Toddler does not put 2-3 words together into short sentences.
- Toddler uses words and sentences that do not make sense or relate to what the child is doing.
- Toddler has voice that is always hoarse.
- Toddler says "What?" or doesn't appear to hear consistently.
- Toddler does not remember names for things.
- Toddler displays speech that is very "stuttered".
- Toddler does not pay attention to any activity for very long.
- Toddler mixes up words in sentences.
- Toddler cannot follow two-step directions.

The Florida Diagnostic and Learning Resources System - FDLRS

Your local FDLRS Center can provide specific information regarding handicapping conditions and local community resources. They also may provide support services, screening and diagnostic services, resource materials, training and other forms of assistance regarding the education and care of infants/toddlers with special needs. If they do not have a ready answer or solution for you, they may refer you to a resource that does.

There are 18 FDLRS Associate Centers throughout Florida. They are listed below according to the counties they serve.

Escambia, Santa Rosa, Okaloosa
FDLRS/Westgate Associate Center
30 E. Texar Dr., Pensacola, FL 32503
(904)433-7563/(904)434-3732

Washington, Bay, Calhoun, Franklin, Gulf, Holmes, Liberty, Walton, Jackson
FDLRS/PAEC Associate Center
411 W. Boulevard, Chipley, FL 32428
(904)638-4131

Leon, Gadsden, Jefferson, Taylor, Wakulla
FDLRS/Miccosukee Associate Center
1940 N. Monroe St., Suite 50, Northwood Mall,
Tallahassee, FL 32303
(904)487-2630/(904)488-4150

Hamilton, Columbia, Lafayette, Madison, Suwannee
FDLRS/Gateway Associate Center
P.O. Box 1387, Jasper, FL 32052
(904)792-2877

Putnam, Baker, Bradford, Flagler, St. Johns, Union
FDLRS/NEFEC Associate Center
N.E. Florida Educational Consortium
P.O. Box 198, Bostwick, FL 32007
(904)328-8811

Duval, Clay, Nassau
FDLRS/Crown Associate Center
1450 Flagler Ave., Room 15
Jacksonville, FL 32207
(904)390-2075/(904)390-2154

Marion, Alachua, Citrus, Dixie, Gilchrist, Levy
FDLRS/Springs Associate Center
Collier Elementary School
3881 N.W. 155th St., Reddick, FL 32686
(904)591-4300

Orange, Lake, Osceola, Seminole, Sumter
FDLRS/Action Associate Center
1600 Silver Star Rd., Orlando, FL 32804
(407)293-5841/(407)295-4020

Brevard, Volusia
FDLRS/East Associate Center
1450 Martin Blvd., Merrit Island, FL 32592
(407)631-1911

St. Lucie, Indian River, Martin, Okeechobee
FDLRS/Galaxie Associate Center
Means Ct., 532 N. 13th St., Ft. Pierce, FL 34950
(407)468-5360

Pinellas, Hernando, Pasco
FDLRS/Gulfcoast Associate Center
1895 Gulf-to-Bay Blvd., Clearwater, FL 34625
(813)442-1171/(813)462-9687

Hillsborough
FDLRS/Hillsborough Associate Center
Department of Education for Exceptional Students
411 E. Henderson Ave., Tampa, FL 33602
(813)272-4555/(813)272-4537

Polk, Hardee, Highlands
FDLRS/III Associate Center
495 S. Florida Ave., Bartow, FL 33830
(813)534-2877

Module	Hour	Handout
2	3	6

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Sarasota, Charlotte, De Soto, Manatee
FDLRS Associate Center
3550 Wilkinson Road, Sarasota, FL 34231
(813)953-5000

Collier, Glades, Hendry, Lee
FDLRS/Big Cypress Associate Center
Collier County Public Schools Admin. Center
3710 Estev Ave., Naples, FL 33942
(813)793-3362

Palm Beach
FDLRS/Alpha Associate Center, Cedar Square
2112 S. Congress Ave.
West Palm Beach, FL 33406
(407)433-3500

Broward
FDLRS/Reach Associate Center
1400 N.E. 6th St.
Pompano Beach, FL 33060
(305)786-7698/(305)768-7712

Dade, Monroe
FDLRS/South Associate Center
9220 S.W. 52nd Terrace
Miami, FL 33165
(305)274-3501

The following FDLRS Specialized Centers may also be helpful.

Clearinghouse/Information Center
Florida Department of Education
Bureau of Education for Exceptional Students
Knott Building, Tallahassee, FL 32399
(904)488-1879

Communication Systems Evaluation Center (CSEC)
434 N. Tampa Ave., Sta. 702
Orlando, FL 32802
(407)423-9212/(407)422-3200

Florida Instructional Materials for the Visually Handicapped (FIMC)
5002 N. Lois Ave., Tampa, FL 33614
(813)876-5016/(800)282-9193

Educational Television and Captioning Center for the Hearing Impaired
207 N. San Marco Ave., St. Augustine, FL 32084
(904)824-1654

FBDS Outreach/Parent Education Services
Florida School for the Deaf and the Blind
207 N. San Marco Ave., St. Augustine, FL 32084
(904)824-1654

FDLRS/FSU - Regional Evaluation and Consulting Center
218 Regional Rehabilitation Center
Florida State University, Tallahassee, FL 32306
(904)644-2222

FDLRS/USF - Multidisciplinary Diagnostic and Evaluation Services
Univ. of South Florida Psychiatry Center
3515 E. Fletcher Ave., Tampa, FL 33613
(813)972-7032

FDLRS/UF - Multidisciplinary Diagnostic and Training Program
Box J-282 JHM Health Center
University of Florida, Gainesville, FL 32610
(904)392-6442/(904)392-5874

FDLRS/JU - First Coast Interdisciplinary Center,
Jacksonville University
University Blvd. N., Jacksonville, FL 32211
(904)744-3950

FDLRS/Mailman - Multidisciplinary Evaluation Services
Mailman Center for Child Development
University of Miami
P.O. Box 016820, Miami, FL 33101
(305)547-6624

FDLRS/TECH
Instructional Technology Training
Resource Unit
1450 Martin Blvd.
Merritt Island, FL 32952
(407)631-1911

Module	Hour	Handout
2	3	6 (con't.)

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Division of Public Schools
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Receptive Language Checklist

(Revised 1988 Edition)

Name _____ Date of Birth: _____

Examiner _____ Date _____ C.A. _____ RLA _____

Examiner _____ Date _____ C.A. _____ RLA _____

Examiner _____ Date _____ C.A. _____ RLA _____

(RLA - Receptive Language Age at which a minimum level of 75% of all tasks is passed.)

Scoring: Place the evaluation date in the box which best describes the response mode used by the child (i.e., gestural, pointing response, verbal response, visual response.)

Month Level	Task	Gestural or Pointing Response	Verbal Response	Visual Response
1	Responds to noise and voice by looking, smiling and/or crying.			
	Quieted by an adult approach.			
	Activity diminishes by loud sounds.			
2	Attends to human (voice) presence.			
	Quiets to a familiar voice.			
3	Looks at a speaker's face.			
	Anticipates feeding by noises and visual stimuli.			
4	Turns head deliberately to loud sounds.			
	Will search for the source of sound.			
5-6	Responds appropriately to a friendly voice by cooing or smiling.			
	Responds to an angry voice by crying.			
7-8	Looks in direction of speaker when child's name is called.			
	Raises arms when somone reaches toward the child.			
	Looks at familiar people (mother-father-teacher) when that person is named.			
	Responds to noises and voices by making gross motor movements.			
9-10	Activity momentarily stops when child hears "no-no" or name - then resumes activity.			
	Discriminates between familiar voices (i.e., mother-teacher-father).			
	Begins to attend to a few familiar words (i.e., name, daddy, bye-bye).			
	Responds to "bye-bye" by smiling or crying.			

Module	Hour	Handout
2	3	7

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Month Level	Task (continued)	Gestural or Pointing Response	Verbal Response	Visual Response
11-12	Likes to listen to words.			
	Interest shown in environmental noises in test situation.			
	Gives toy upon requests (accompanied by gesture).			
	Follows simple spoken commands with gestures (i.e., sit down, stand up, come here, etc.)			
13-14	Knowns own name.			
	Begins to understand names of toys, family members and clothing.			
	Responds to simple noun words cued by gesture or the environment.			
15-16	Discriminates among familiar noises (i.e., telephone, doorbell, vacuum).			
	Finds baby in a picture when asked.			
	Recognizes hair, mouth, nose, hands when they are named.			
	Begins to identify objects when they are named.			
17-18	Responds to simple comands without gestures (i.e., "put the ball on the chair," "get teacher your shoes").			
	Two objects in a box identified.			
	Enjoys picture books.			
	Listens to rhymes or songs for several minutes.			
19-20	Begins to discriminate between words which sound alike.			
	Can identify 4 objects in a box.			
	Identifies 4 or 5 parts of a doll.			
	Begins to understand names of friends.			
	Begins to understand action words (i.e., run, walk, sleep, eat, etc.).			
	Understands simple questions (i.e., do you want to eat lunch?).			
21-22	Identifies 8-10 body parts on self.			
	Identifies 8-10 body parts on doll.			
	Will follow a short series of related commands.			
	Consistently discriminates between words which sound alike.			
23-24	Follows simple verb words or commands not physically cued.			
	Responds to "bye-bye" with gesture.			
	Understands preposition "in."			

Month Level	Task (continued)	Gestural or Pointing Response	Verbal Response	Visual Response
25-26	Understands "big" and "little".			
	Understands "hot."			
	Begins to identify objects by function (i.e., "show me what you eat with" - "show me what you sleep on").			
27-29	Understands preposition "on."			
	Understands plurality signified by "s"-"es".			
	Beginning to understand names of indoor and outdoor items, descriptive words, and pronouns.			
30-32	Understands preposition "beside."			
	Can relate figure and function.			
	Can follow 2-stage noun command.			
	Large gains in understanding vocabulary.			
33-35	Can discriminate general noise.			
	Beginning to understand modifiers "fast/slow".			
	Can follow 2-stage verb command.			
	Can identify colors (red, blue, green, yellow).			
36-38	Can discriminate specific noises, (high-medium-low).			
	Undertands textures.			
	Can identify all colors.			
39-41	Understands preposition "under."			
42-44	Follows 3-stage verb command.			
45-48	Undertands number concepts 1-10.			
	Can identify money (penny, nickel dime, quarter).			

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Expressive Language Checklist

(Revised 1988 Edition)

Name _____ Date of Birth: _____

Examiner _____ Date _____ C.A. _____ ELA _____

Examiner _____ Date _____ C.A. _____ ELA _____

Examiner _____ Date _____ C.A. _____ ELA _____

(ELA - Expressive Language Age at which a minimum level of 75% of all tasks is passed.)

Scoring: Place the evaluation date in the box which best describes the response mode used by the child (i.e., gestural, pointing response, verbal response, visual response.)

Month Level	Task	Verbal Response	Communication Board Response	Sign Language Finger Spelling
1	Randomly vocalizes, with no preferred patterns or rhythms.			
	Cries with sound.			
2	Differentiate cry for hunger and pain.			
3	Glottal-velar consonants primarily.			
	Vocalizes back when spoken to.			
	Makes noises to people.			
	Chuckles.			
4	Gives vocal expression to the feelings of pleasure.			
	Noises contain vowel and consonant like sounds.			
5-6	Babbles a series of syllable repetitions without hearing someone else say them.			
	Increases vocal production when in contact with people.			
	Vocal output change when the environment changes.			
7-8	Laughs aloud.			
	Responds appropriately to a friendly or angry voice.			
	Vocalizes displeasure other than crying.			

Module	Hour	Handout
2	3	8

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Month Level	Task	Verbal Response	Communications Board	Sign Lang. Finger Spell.
9-10	Begins to imitate speechlike sounds.			
	Begins to imitate simple motorates (clapping, etc.).			
	Babbles to people.			
	Two-syllable babble.			
	Shakes head "no."			
	Babbles phrases (4 syllables or more).			
	Imitates number of syllables after someone.			
	Produces sounds which sound like words.			
	Increases verbal output with direct verbal stimulation.			
11-12	Says first true word use appropriately.			
	Begins to imitate non-speechlike sounds (i.e., tongue click).			
	Uses different melody patterns.			
	Babbles monologues when alone.			
	Repeats sounds or actions if laughed at previously.			
	Peak usage of sound repetititions.			
	Tries to sing.			
	Vocalizes in a repetitive fashion.			
	Playing with and imitating own sound.			
13-14	Speaking vocabulary of 3 words in addition to "mama" and "dada."			
	Beginning to engage in vocal/verbal exchange.			
15-16	Uses 4-7 words appropriately.			
	Uses expressive jargon (strings of sounds having a melody and sound like sentences).			
	May leave off beginning and ending of words or change consonants.			
	Indicates want by pointing.			
	Indicates wants by vocalizing.			
	Can name a few familiar objects.			
17-18	Uses 10 words appropriately.			
	Speaks in telegraphic manner.			
	Imitates simple motor acts.			
	Imitates intonation patterns.			
	Uses about 20 words appropriately.			
	Combines words relative to needs (i.e., food, water, etc.).			
19-20	Tries to tell experiences.			
	Asks simple questions.			
	Combines 2 to 3 words into simple phrases.			
	Uses 50 words appropriately.			

Module	Hour	Handout
2	3	8 (con't)

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Month Level	Task (continued)	Verbal Response	Communication Board Response	Sign Language Finger Spelling
21-22	Uses sentences of 2 words of 4 or more syllables.			
	Imitates vocal sounds (car, cow, etc.).			
	Imitates single, simple, vowel and consonant sounds.			
	Uses words to start a communication exchange.			
23-24	Uses "yes" and "no" at home.			
	Names simple pictures.			
	Marked decrease in sound repetitions.			
	Begins to eliminate jargon.			
	Nouns predominate; some verbs.			
	Uses some adjectives and adverbs.			
	Refers to self by name.			
	Spontaneously imitates words.			
	Speaks about 270 words.			
25-26	Uses noun phrases.			
	Uses verb phrases.			
	Imitates words on request with visual cues.			
27-29	Imitates 2 unrelated word combinations on request.			
	Uses speech quite often to communicate wants and needs.			
	Uses specific words appropriate to the situation.			
	Begins to use regular plurals.			
	Has few N-V-O sentences.			
	Beginning to get N-V agreement.			
30-32	Asks "what" and "why" questions.			
	Uses "yes" and "no" at school.			
	Uses prepositions "in-on-under."			
	Many 3 and 4 word sentences.			
	Uses prepositional phrases.			
	Uses adjectives.			
	Uses quantitative words.			
	Verb "to be" used alone.			
33-35	Repeats 3-4 word sentences.			
	Begins to respond to simple "what" "when" and "if" questions.			
	Pronouns used as subject.			
	Uses 3rd person pronouns.			
	Uses verb "to be" as auxiliary.			

Module	Hour	Handout
2	3	8 (con't)

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Month Level	Task (continued)	Verbal Response	Communications Board Response	Sign Language Finger Spelling
36-38	Can respond to most types of questions except "how."			
	Regular plurals are stable.			
	Begins to use irregular plurals.			
	Uses adverbs.			
	Uses pronouns as objects.			
	Has 4 and 5 word sentences.			
39-41	Imitates 3 unrelated word combinations on request.			
	Uses preposition "beside."			
	Answers "how" questions.			
	Uses some numbers appropriately.			
	Uses irregular plurals consistently.			
42-48	Repeats rather complex sentences 5-6 words in length.			
	Uses past tense.			
	Uses future tense.			
	Uses possessive pronouns.			

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Appendix C

Reproducible Forms for the Six-Week Follow-Up Activity

The Six-Week Follow-Up Activity

MITCH Module 2
SPEECH AND LANGUAGE DEVELOPMENT:
What You Can Do
to Help

These completed forms should be sent to:

Name _____

Address _____ Phone: _____

These forms are due at the above address by: _____
date

Directions

(1) *Choose two children at least one year apart in age.*

(2) *Using the attached sample sheet write down fifteen sounds, words, phrases, or sentences spoken by the child during an activity of your choice. You may collect the fifteen samples over a two to three day period of time.*

(3) *All together, the fifteen language samples you wrote down will generally match one of the five stages of speech and language development discussed in the module. Choose the stage that best matches the language samples you wrote down.*

(4) *On the form, answer the following: What are the normal chronological ages included in this stage? Does the child's real chronological age match the stage you chose?*

Example:

LANGUAGE SAMPLE = STAGE *II*
STAGE = *6-12* MONTHS
CHILD'S AGE = *10* MONTHS

If the child's age in months falls in the correct range, the child is developing normally. Your form is complete.

Directions (cont'd)

(5) *If the language sample age in months falls below the child's chronological age range, look at your red flag list and write down the red flags that you think might apply to this child.*

(6) *List the people that you could talk to about your concerns.*

(7) *List the community professionals you would call to help.*

Name _____

Date _____

MITCH Module 2

Language Sample Sheet - Child A

Child's Date of Birth: _____ Child's Age: _____

Child's Activity During Observation: _____

I. Language Sample:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

LANGUAGE SAMPLE = STAGE _____

STAGE _____ = _____ MONTHS

CHILD'S AGE = _____ MONTHS

II. Language sample does match Child A's age (check one):

_____ yes or _____ no

III. If the language sample does not match the child's age, the following Red Flags may apply:

1. _____
2. _____
3. _____

IV. People to talk to about your concerns:

1. _____
2. _____
3. _____
4. _____

V. Community Professionals who could help:

1. _____
2. _____
3. _____
4. _____

Name _____

Date _____

MITCH MOdule 2

Language Sample Sheet - Child B

Child's Date of Birth:_____ Child's Age:_____

Child's Activity During Observation:_____

I. Language Sample:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

LANGUAGE SAMPLE = STAGE _____
STAGE _____ = _____ MONTHS
CHILD'S AGE = _____ MONTHS

II. Language sample does not match Child B's age (check one):

_____ yes or _____ no

III. If the language sample does not match the child's age, the following Red Flags may apply:

1. _____
2. _____
3. _____

IV. People to talk to about your concerns:

1. _____
2. _____
3. _____
4. _____

V. Community Professionals who could help:

1. _____
2. _____
3. _____
4. _____

Speech and Language Development : What You Can Do to Help

For ease of use, instructor is encouraged to remove the staple on this booklet and place the module into a three-ring binder.

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